EXHIBIT B6

Page 1

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF NEW JERSEY

- - -

IN RE: JOHNSON & :
JOHNSON TALCUM POWDER :
PRODUCTS MARKETING, :

SALES PRACTICES, AND : NO. 16-2738 PRODUCTS LIABILITY : (FLW) (LHG)

LITIGATION :

:

THIS DOCUMENT RELATES : TO ALL CASES :

- - -

March 19, 2019

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Videotaped deposition of BENJAMIN G. NEEL, M.D., Ph.D., taken pursuant to notice, was held at Skadden Arps, Four Times Square, New York, New York, beginning at 8:56 a.m., on the above date, before Michelle L. Gray, a Registered Professional Reporter, Certified Shorthand Reporter, Certified Realtime Reporter, and Notary Public.

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GOLKOW LITIGATION SERVICES 877.370.3377 ph | 917.591.5672 deps@golkow.com

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1 2	APPEARANCES:		1	APPEARANCES: (Cont'd.)		
3	BEASLEY ALLEN, P.C.		2			
4	BY: MARGARET M. THOMPSON, M.D., ESQ. BY: P. LEIGH O'DELL, ESQ.			SEYFARTH SHAW, LLP		
-	218 Commerce Street		3	BY: THOMAS T. LOCKE, ESQ.		
5	Montgomery, Alabama 36104 (334) 269-2343		١.,	975 F Street, NW		
6	Margaret.thompson@beasleyallen.com		4	Washington, D.C. 20004		
7	leigh.odell@beasleyallen.com		_	(202) 463-2400		
,	- and -		5	tlocke@seyfarth.com		
8	LEVIN BARANTONIO THOMAS		6	Representing the Defendant, PCPC		
9	LEVIN PAPANTONIO THOMAS MITCHELL RAFFERTY & PROCTOR, PA		7			
	BY: CHRISTOPHER V. TISI, ESQ.		8	ALSO PRESENT:		
10	316 South Baylen Street, Suite 600		9	ALSO I RESERVI.		
11	Pensacola, Florida 32502			VIDEOTAPE TECHNICIAN:		
12	(888) 435-7001 Ctisi@levinlaw.com		10	Henry Marte		
13	- and -		11	110111 111111100		
14	NAPOLI SHKOLNIK, PLLC BY: ALASTAIR J.M. FINDEIS, ESQ.		12			
15	400 Broadhollow Road, Suite 305		13			
16	Melville, New York 11747 (631) 224-1133		14			
	afindeis@napolilaw.com		15			
17	- and -		16			
18			17			
19	RESTAINO LAW, LLC BY: JOHN M. RESTAINO, JR., DPM, ESQ.		18			
	130 Forest Street		19			
20	Denver, Colorado 80220 (303) 839-8000		20			
21	Jrestaino@restainollc.com		21			
22	Representing the Plaintiffs		22			
23			23			
24			24			
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3	DRINKER, BIDDLE & REATH, LLP BY: SUSAN M. SHARKO, ESQ.		3			
	600 Campus Drive		4	Testimony		
4	Florham Park, New Jersey 07932 (973) 549-7000		5	Testimony of:		
5	susan.sharko@dbr.com			BENJAMIN G. NEEL, M.D., Ph.D.		
6 7	- and - DRINKER BIDDLE & REATH, LLP		6			
	BY: KATHERINE McBETH, ESQ.		7	By Dr. Thompson 12		
8	One Logan Square, Suite 2000		8			
9	Philadelphia, Pennsylvania 19103		9			
10	(215) 988-2706 katherine.mcbeth@dbr.com					
10	Representing the Defendants, Johnson		10	EXHIBITS		
	& Johnson entities		11	ЕЛПІВІІ З		
12	TUCKER ELLIS, LLP					
12	BY: MICHAEL C. ZELLERS, ESQ.		12			
12 13	BY: MICHAEL C. ZELLERS, ESQ. 515 South Flower Street, 42nd Floor		13	NO. DESCRIPTION PAGE		
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3 (Pages 6 to 9)

	DEPOSITION SUPPORT INDEX	1	EXAMINATION
3 4 5	DEPOSITION SUPPORT INDEX	1 2	
4 5]		2	
5]		3	BY DR. THOMPSON:
	Direction to Witness Not to Answer	4	Q. Good morning, Dr. Neel.
6]	PAGE LINE	5	A. Good morning.
	None.	6	Q. My name is Margaret
7		7	Thompson, and I'll be taking your
	Request for Production of Documents	8	deposition today. Have you ever had your
	PAGE LINE None.	9	deposition taken before?
10	None.	10	A. Yes.
11 5	Stipulations	11	Q. What were the circumstances?
	PÂGE LINE	12	A. In a in a case, the
	None.	13	so-called Potti-Nevins case. I gave a
13 14	Quartians Markad	14	deposition for in the for the
	Questions Marked PAGE LINE	15	defendant. It was a matter involving
	None.	16	scientific fraud at Duke University.
16		17	Q. Oh. That's my alma mater.
17		18	A. And I also was deposed in a
18		19	malpractice suit when I was a resident in
19 20		20	Boston.
21		21	Q. As a defendant?
22		22	A. As a defendant.
23		23	Q. And are those the only two
24		24	times
	Page 11		Page 13
1		1	A. Yes.
2	THE VIDEOGRAPHER: We are	2	Q that you've had your
3	now on the record. My name is	3	deposition taken?
4	Henry Marte. I'm a videographer	4	And I assume the scientific
5	with Golkow Litigation Services.	5	fraud case was at least over four years
6	Today's date is March 19,	6	ago, right?
7	2019, and the time is 8:56 a.m.	7	A. It was a little over four
8	This videotaped deposition	8	years ago, right before the the
9	is being held at Four Times	9	deposition was taken right before I
10	Square, New York, New York, in the	10	started at NYU Langone, which was
11	matter of Talcum Powder	11	January 2015. So the deposition was
12	Litigation.	12	taken in October of 2014, so Columbus Day
13	The deponent today is Dr.	13	weekend.
14	Benjamin Neel.	14	Q. Okay. And you're aware that
15	All appearances are noted on	15	the purpose of today is for me to gain a
16	the stenographic record.	16	thorough understanding of your opinions
17	Will the court reporter	17	and the basis for those opinions?
18	please administer the oath to the	18	A. Yes.
19	witness.	19	Q. Your report states that your
20		20	opinions are given to a reasonable degree
21	BENJAMIN G. NEEL, M.D., Ph.D.,	21	of scientific certainty.
22	having been first duly sworn, was	22	What does that mean to you?
	examined and testified as follows:	23	A. It means that I've
	examined and testified as follows.	24	considered all of the papers and also

additional information that is contained in my report. And based on my more than 3 of years of scientific credentials and experience in the cancer biology and cellular molecular biology field, that I have offered my opinion based on that criteria, those criteria. Q. And how confident do you have to be in your opinions to be able to claim that it's a reasonable degree? A. I'm quite confident in my opinions on this matter based on my 30 years of scientific credentials and experience in the cancer biology and cellular molecular biology field, that I have offered my opinion based on that criteria, those criteria. Q. And how confident do you have to be in your opinions to be able to claim that it's a reasonable degree? A. I'm quite confident in my opinions on this matter based on my 30 years of scientific credentials and Q. And I'll dom's best to let you finish your answer, and probably bes for you to let me finish my question too, for lots of reasons, but primarily so our court reporter can get both of our statements down without any problems. Q. And if you need a break, just let me know researcher, correct? A. That's correct. Q. Do you currently see A. No. A. No. A. Yes. Q as well? So let me just review some of the ground rules today to remind you. If you don't understand a question, please let me know so I can hopefully put it in a form where you do understand. Okay? A. Okay. Q. And I'll do my best to let you finish your answer, and probably bes for you to let me finish my question too, for lots of reasons, but primarily so our court reporter can get both of our statements down without any problems. Okay? A. Sure. Q. And if you need a break, just let me know A. Okay. Q and we'll take one. I've marked Exhibit 1 as a notice of deposition. (Document marked for				
2 in my report. And based on my more than 3 30 years of scientific credentials and 4 experience in the cancer biology and 5 cellular molecular biology field, that I 6 have offered my opinion based on that 7 criteria, those criteria. 8 Q. And how confident do you 9 have to be in your opinions to be able to 10 claim that it's a reasonable degree? 11 A. I'm quite confident in my 12 opinions on this matter based on my 13 30 years of experience. 14 Q. Would that be 100 percent? 15 A. I'm 100 percent -1 16 wouldn't write it if I wasn't 100 percent 17 confident in my opinions. 18 Q. And Dr. Neel, you are a 19 medical doctor as well as a Ph.D. 20 researcher, correct? 21 A. That's correct. 22 Q. Do you currently see 23 patients? 24 A. No. 29 After residency? 3 A. 19 well I never had a 20 private practice or an individual 30 private practice or an individual 4 private practice or an individual 5 practice. I stopped seeing patients when 6 I began my faculty position at Harvard 7 Medical School in 1988. 8 Q. After residency? 9 A. Yes. 10 Q. In internal medicine? 11 A. Yes. 12 Q. And do you currently 13 diagnose ovarian cancer in women? 14 A. No. 15 Q. Oboy ou treat women with 16 ovarian cancer? 17 A. No. 18 Q. And to you currently 19 diagnose ovarian cancer in women? 19 with ovarian cancer? 19 have you ever treated women 19 with ovarian cancer? 20 A. Only in the context of my 21 health staff training. 22 A. Only in the context of my 23 last time that you performed a pelvic 24 Learn of the ground rules today to remind you. 16 places let me know so I can hopefully put it in a form where you do understand. 26 Okay. 29 A. Okay. 20 And I'l do my best to let 20 Chall that be 100 percent 21 to a reasonable to gene leth expers for my seport, yes. 21 definitely my performed a pelvic 22 Depoint my for both with the top of the ground rules today to remind you. 29 And th		Page 14		Page 16
2 in my report. And based on my more than 3 30 years of scientific credentials and 4 experience in the cancer biology and 5 cellular molecular biology field, that I 6 have offered my opinion based on that 7 criteria, those criteria. 8 Q. And how confident do you 9 have to be in your opinions to be able to 10 claim that it's a reasonable degree? 11 A. I'm quite confident in my 12 opinions on this matter based on my 13 30 years of experience. 14 Q. Would that be 100 percent? 15 A. I'm 100 percent -1 16 wouldn't write it if I wasn't 100 percent 17 confident in my opinions. 18 Q. And Dr. Neel, you are a 19 medical doctor as well as a Ph.D. 20 researcher, correct? 21 A. That's correct. 22 Q. Do you currently see 23 patients? 24 A. No. 29 After residency? 3 A. 19 well I never had a 20 private practice or an individual 30 private practice or an individual 4 private practice or an individual 5 practice. I stopped seeing patients when 6 I began my faculty position at Harvard 7 Medical School in 1988. 8 Q. After residency? 9 A. Yes. 10 Q. In internal medicine? 11 A. Yes. 12 Q. And do you currently 13 diagnose ovarian cancer in women? 14 A. No. 15 Q. Oboy ou treat women with 16 ovarian cancer? 17 A. No. 18 Q. And to you currently 19 diagnose ovarian cancer in women? 19 with ovarian cancer? 19 have you ever treated women 19 with ovarian cancer? 20 A. Only in the context of my 21 health staff training. 22 A. Only in the context of my 23 last time that you performed a pelvic 24 Learn of the ground rules today to remind you. 16 places let me know so I can hopefully put it in a form where you do understand. 26 Okay. 29 A. Okay. 20 And I'l do my best to let 20 Chall that be 100 percent 21 to a reasonable to gene leth expers for my seport, yes. 21 definitely my performed a pelvic 22 Depoint my for both with the top of the ground rules today to remind you. 29 And th	1	additional information that is contained	1	A Yes
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cellular molecular biology field, that I have offered my opinion based on that criteria, those criteria, those criteria. Q. And how confident do you have to be in your opinions to be able to claim that it's a reasonable degree? A. I'm quite confident in my opinions on this matter based on my and you go go. A. Okay. Q. And I'll do my best to let you finish your answer, and probably best of roy ou to let me finish my question too, for lots of reasons, but primarily so our court reporter can get both of our statements down without any problems. A. I'm 100 percent - 1 wouldn't write it if I wasn't 100 percent confident in my opinions. Q. And Dr. Neel, you are a medical doctor as well as a Ph.D. 19 prescarcher, correct? A. That's correct. 21 Q. Do you currently see 22 patients? 23 patients? 23 A. No. 24 Page 15 Page 15 Page 15 Page 17 Q. When did you last have a clinical practice? A. No. 24 Page 15 Q. And do you currently position at Harvard Medical School in 1988. Q. After residency? A. Yes. Q. In internal medicine? A. Yes. Q. And do you currently diagnose ovarian cancer in women? A. No. Q. Have you ever treated women with ovarian cancer? A. No. Q. Have you ever treated women with ovarian cancer? A. No. Q. Have you ever treated women with ovarian cancer? A. No. Q. Have you ever treated women with ovarian cancer? A. Only in the context of my health staff training. Q. Okay. And would that be the last time that you performed a pelvic proper in the proper medical location where you do understand. Okay? Q. And I'll do my best to let use in a form where you do understand. Okay? Q. And I'll do my best to let you finish you answer, and probably best of roy ou to let me finish my question too, for lots of reasons, but primarily so our court engote both of our court reporter can get both of our court reporter an get both of our court reporter anget both of our court reporter a				
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riteria, those criteria. Q. And how confident do you have to be in your opinions to be able to claim that it's a reasonable degree? 10 A. I'm quite confident in my 13 30 years of experience. 14 Q. Would that be 100 percent? 15 A. I'm 100 percent I wouldn't write it if I wasn't 100 percent roofident in my opinions. 18 Q. And Dr. Neel, you are a medical doctor as well as a Ph.D. 19 researcher, correct? 20 Q. Do you currently see 23 patients? 24 A. No. Page 15 Q. When did you last have a clinical practice? 3 A. I 9 well I never had a praviate practice or an individual practice. I stopped seeing patients when I began my faculty position at Harvard A. Yes. Q. And do you currently diagnose ovarian cancer in women? A. No. Q. Have you ever treated women with ovarian cancer? A. No. Q. Have you ever treated women with ovarian cancer? A. Nol, was ovarian cancer of my health staff training. Q. Chay. And would that be the labeled to be degree? 10 Okay? A. Okay. Q. And I'I do my best to let you finish your answer, and probably bes for you to let me finish my question too, for lots of reasons, but primarily so our statements down without any problems. Okay? A. Sure. Q. And if you need a break, just let me know A. Okay. Q. And if you need a break, just let me know A. Okay. Q. And with of our statements down without any problems. Okay? A. Sure. Q. And with of our and without any problems. Okay? A. Sure. Q. And we'll take one. I've marked Exhibit 1 as a notice of deposition. (Document marked for Page 1' identification as Exhibit Neel-1.) BYDR. THOMPSON: Q. Have you seen this document, Dr. Neel? A. Yes. Q. When did you see it? A. Yes. Q. When did you see it? A. Yes. Q. When did you see it? A. No. Q. For example, Number 3 says a copy of your complete file or files. Do you have a file related to the talcum powder litigation? A. No. Q. Have you ever treated women with ovarian cancer? A. Only in the context of my health staff training. Q. Okay. And would that be the location where you maintain those files?				
8 Q. And how confident do you have to be in your opinions to be able to contain that it's a reasonable degree? 11 A. I'm quite confident in my opinions on this matter based on my 12 poinions on this matter based on my 13 30 years of experience. 14 Q. Would that be 100 percent? 15 A. I'm 100 percent - 1 16 wouldn't write it if I' wasn't 100 percent confident in my opinions. 17 confident in my opinions. 18 Q. And Dr. Neel, you are a medical doctor as well as a Ph.D. researcher, correct? 20 Q. Do you currently see 22 patients? 21 A. That's correct. 22 Q. Do you currently see 23 patients? 23 A. No. Page 15 1 Q. When did you last have a clinical practice? 3 A. No. Page 15 Q. And Brow both of our statements down without any problems. Okay? A. Okay. A. Okay. Court reporter can get both of our court reporter can get both of our statements down without any problems. Okay? A. Sure. Okay. A. Okay. A. Sure. Okay. A. Okay. A. Sure. Okay. A. Okay. A. Sure. Okay. A. Sure. Okay. A. Okay. A. Okay. A. Sure. Okay. A. Sure. Okay. A. Okay. A. Okay. A. Sure. Okay. A. No. Oy. Have you seen this document, Dr. Neel? A. Yes. Oy. Have you seen this document, Dr. Neel? A. Yes. Oy. And I understand that objections have been filed. But - and did you bring anything with you today in response to this notice of deposition? A.			I	
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Q. Would that be 100 percent? A. I'm 100 percent1 be wouldn't write it if I wasn't 100 percent confident in my opinions. Q. And Dr. Neel, you are a percent of the would doctor as well as a Ph.D. A. That's correct. C. Q. Do you currently see patients? A. No. Page 15 Q. When did you last have a clinical practice? A. No. Page 15 Q. When did you last have a clinical practice or an individual practice. I stopped seeing patients when for lobean my faculty position at Harvard Medical School in 1988. Q. After residency? A. Yes. Q. And do you currently diagnose ovarian cancer in women? A. No. Q. And do you treat women with ovarian cancer? A. No. Court reporter can get both of our statements down without any problems. Okay? A. Sure. Q. And if you need a break, Just let me know- Q. And Well take one. The warked Exhibit 1 as a notice of deposition. Q and we'll take one. The warked Exhibit 1 as a notice of deposition. (Document marked for Page 15 Page 17 A. No. Page 15 Page 17 A. No. Page 15 Page 17 A. No. Page 17 Page 17 A. No. Page 17 Page 19			1	
A. I'm 100 percent I wouldn't write it if I wasn't 100 percent confident in my opinions. Q. And Dr. Neel, you are a 18 Q. And if you need a break, percent searcher, correct? 20 p. Do you currently see 21 A. That's correct. 22 Q. Do you currently see 23 patients? 24 A. No. Page 15 Q. When did you last have a clinical practice? 3 A. 19 well I never had a private practice or an individual practice. I stopped seeing patients when I began my faculty position at Harvard Medical School in 1988. Q. After residency? Q. A. Yes. Q. And I you need a break, just let me know A. Okay. Q and we'll take one. I've marked Exhibit 1 as a notice of deposition. (Document marked for Page 1' Neel-1.) BY DR. THOMPSON: Q. Have you seen this document, Dr. Neel? A. Yes. Q. When did you see it? A. Yes. Q. When did you see it? A. Yes. Q. When did you see it? A. Yes. Q. And I understand that objections have been filed. But and did you bring anything with you today in response to this notice of deposition? A. No. Q. How do you corrently 12 response to this notice of deposition? A. No. Q. For example, Number 3 says a Q. And only in the context of my with ovarian cancer? A. No. Q. How do you collect those? A. Only in the context of my health staff training. Q. Okay. And would that be the last time that you performed a pelvic 13 documents and we'll take one. I've marked Exhibit 1 as a notice of deposition. A. No. Q. Have you seen this document, Dr. Neel? A. Yes. Q. When did you see it? A. Yes. Q. And I understand that objections have been filed. But and did you bring anything with you today in response to this notice of deposition? A. No. Q. For example, Number 3 says a Q. How do you collect those? A. Only insofar as I collect the papers for my report, yes. Q. How do you collect those? A. Only on have a certain location where you maintain those files?			1	
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5 (Pages 14 to 17)

Page 18		Page 20
O. And do you have any notes or	1	the references that are cited by in
	2	numerical order in the report.
		Q. And I'm also marking
,		Exhibit 3, which is an additional
	1	references that it's titled "Materials
	1	Considered."
	1	And what is the list of
		materials considered?
	1	A. I'm a little confused by
	1	your question. It says what they are.
	1	Q. How does that differ from
	1	the references that are attached to your
· ·	1	expert report?
		A. Oh well, if I cited
	1	something directly in the report, it's in
	1	the references. If there were things
		that I was given or that I looked
	1	through, that's on materials considered.
	1	Q. Were you were you given
		the references on the materials
	1	considered by counsel?
		A. A subset of the materials
		were sent to me at the beginning. I made
DR. THOMPSON: This is	24	several other searches of my own and
Page 19		Page 21
Exhibit 2.	1	downloaded those papers. And some of the
MS. SHARKO: Shall we be	2	papers I was unable to easily access from
calling these Neel-1 and 2?	3	my remote location. And I asked the
MS. O'DELL: I think	4	lawyers to have them sent to me. So some
Michelle will write that in	5	of them I got that way.
afterwards.	6	Q. Would you be able to
BY DR. THOMPSON:	7	identify which you found yourself and
Q. And we'll come back, of	8	which you were provided to by the
course, to that report throughout the	9	lawyers?
day. So feel free to keep that close by	10	A. Not easily. I mean, I went
if you'd like to.	11	through and I spent many hours doing
(Document marked for	12	this. So I'm not sure. Over time, that
	13	blurs a little.
identification as Exhibit		
Neel-3.)	14	Q. And I assume that the expert
	1	
Neel-3.)	14	Q. And I assume that the expert
Neel-3.) BY DR. THOMPSON: Q. And I've marked as Exhibit 3	14 15	Q. And I assume that the expert reports and deposition transcripts were
Neel-3.) BY DR. THOMPSON: Q. And I've marked as Exhibit 3 the and you say that attached to your	14 15 16	Q. And I assume that the expert reports and deposition transcripts were provided to you, correct? A. Yes.
Neel-3.) BY DR. THOMPSON: Q. And I've marked as Exhibit 3 the and you say that attached to your report are the references that you	14 15 16 17	Q. And I assume that the expert reports and deposition transcripts were provided to you, correct? A. Yes. Q. When was when were you
Neel-3.) BY DR. THOMPSON: Q. And I've marked as Exhibit 3 the and you say that attached to your report are the references that you listed. And are those references that	14 15 16 17 18	Q. And I assume that the expert reports and deposition transcripts were provided to you, correct? A. Yes. Q. When was when were you first contacted by lawyers representing
Neel-3.) BY DR. THOMPSON: Q. And I've marked as Exhibit 3 the and you say that attached to your report are the references that you listed. And are those references that are actually cited or referred to in the	14 15 16 17 18 19	Q. And I assume that the expert reports and deposition transcripts were provided to you, correct? A. Yes. Q. When was when were you first contacted by lawyers representing Johnson & Johnson about serving as an
Neel-3.) BY DR. THOMPSON: Q. And I've marked as Exhibit 3 the and you say that attached to your report are the references that you listed. And are those references that are actually cited or referred to in the report itself?	14 15 16 17 18 19 20	Q. And I assume that the expert reports and deposition transcripts were provided to you, correct? A. Yes. Q. When was when were you first contacted by lawyers representing Johnson & Johnson about serving as an expert?
Neel-3.) BY DR. THOMPSON: Q. And I've marked as Exhibit 3 the and you say that attached to your report are the references that you listed. And are those references that are actually cited or referred to in the	14 15 16 17 18 19 20 21	Q. And I assume that the expert reports and deposition transcripts were provided to you, correct? A. Yes. Q. When was when were you first contacted by lawyers representing Johnson & Johnson about serving as an
_	Q. And do you have any notes or highlights on the articles? A. On the articles, no. Q. Any notes or in the file where you keep your articles? A. Only insofar as I, you know, was preparing my report. There's some notes about the text that I'm going to use in my report. Q. Okay. I also have marked a copy of your expert report. (Document marked for identification as Exhibit Neel-2.) BY DR. THOMPSON: Q. Is this the report that you were referring to that A. Yes. Q you kept drafts on your computer? A. Yes. MS. SHARKO: For the record, this is Exhibit 2? DR. THOMPSON: This is Page 19 Exhibit 2. MS. SHARKO: Shall we be calling these Neel-1 and 2? MS. O'DELL: I think Michelle will write that in afterwards. BY DR. THOMPSON: Q. And we'll come back, of course, to that report throughout the day. So feel free to keep that close by if you'd like to.	Q. And do you have any notes or highlights on the articles? A. On the articles, no. Q. Any notes or in the file where you keep your articles? A. Only insofar as I, you know, was preparing my report. There's some notes about the text that I'm going to use in my report. Q. Okay. I also have marked a copy of your expert report. (Document marked for identification as Exhibit Neel-2.) BY DR. THOMPSON: Q. Is this the report that you were referring to that A. Yes. Q you kept drafts on your computer? A. Yes. MS. SHARKO: For the record, this is Exhibit 2? DR. THOMPSON: This is Page 19 Exhibit 2. MS. SHARKO: Shall we be calling these Neel-1 and 2? MS. O'DELL: I think Michelle will write that in afterwards. BY DR. THOMPSON: Q. And we'll come back, of course, to that report throughout the day. So feel free to keep that close by if you'd like to. (Document marked for

6 (Pages 18 to 21)

Page 22		Page 24
Q. And what did Mr. Winter ask	1	misunderstood.
		Did he was any of that
	1	material that he asked you to look at,
		did that include defense plaintiff
		expert reports?
		A. At the the initial batch
	1	of materials that I that I got had no
		expert reports from anyone in it.
		Q. Okay. Were you asked to do
		any experiments?
		A. No.
		Q. Did you offer to do any
		experiments?
		A. No. I wouldn't be allowed.
		Q. Why is that?
		A. Because it would be a
		conflict of interest violation of my
		institution.
		Q. What is your institution's
		conflict of interest policy?
		A. Well, I mean, that's a
		pretty broad question. Do you want to
		maybe I mean, my conflict we have a
the lawyer and the witness.	24	very long policy which I have not
Page 23		Page 25
DR. THOMPSON: Okay. All	1	committed to memory.
right.	2	Q. Okay. Did have you
MS. SHARKO: You can ask	3	disclosed to your institution that you're
you can ask him what he did. I	4	serving as an expert for Johnson &
don't think you can ask him about	5	Johnson?
	6	A. Yes.
the witness.	7	Q. And what details did you
BY DR. THOMPSON:	8	have to provide regarding that?
Q. In that initial evaluation	9	A. Just the name of the law
	10	firm that I was working with. I don't
	11	remember the name of Mr. Winter's law
	12	firm. Because I recently revised the
	13	disclosure because I'm working mostly
· · · · · · · · · · · · · · · · · · ·	14	with Ms. Sharko now which is a different
	15	firm.
		Q. And why would your
	17	institution prevent you from doing any
literature to review, correct?	18	experiments?
A. No. I think I said maybe	19	A. I I can't comment on
I misspoke. But I believe I said that	20	the
	21	MS_SHARKO: Object to the
Mr. Winter asked me if I would be willing	21 22	MS. SHARKO: Object to the form
	21 22 23	MS. SHARKO: Object to the form. THE WITNESS: I can't
	you to do? A. He asked me if I would be interested in considering being an expert witness in the talc litigation. Q. And what did you agree to do at that time? A. I agreed to look at the materials that he gave me and make a decision subsequently. Q. Were you asked at that time to offer any criticisms of any plaintiffs' experts? MS. SHARKO: Well, I'm going I'm going to object at this point. Isn't this privileged conversations between counsel and the witness? DR. THOMPSON: I believe what he was asked to do at the initiation is fair. MS. SHARKO: I think that's privileged conversations between the lawyer and the witness. Page 23 DR. THOMPSON: Okay. All right. MS. SHARKO: You can ask you can ask him what he did. I don't think you can ask him about discussions between the lawyer and the witness. BY DR. THOMPSON: Q. In that initial evaluation that you performed to look, did that include evaluating any expert reports from plaintiffs? A. The initial are you talking about the initial meeting with Mr. Winter? Q. Well, you you said that Mr. Winter furnished you with some	you to do? A. He asked me if I would be interested in considering being an expert witness in the talc litigation. Q. And what did you agree to do at that time? A. I agreed to look at the materials that he gave me and make a decision subsequently. Q. Were you asked at that time to offer any criticisms of any plaintiffs' experts? MS. SHARKO: Well, I'm going I'm going to object at this point. Isn't this privileged conversations between counsel and the witness? DR. THOMPSON: I believe what he was asked to do at the initiation is fair. MS. SHARKO: I think that's privileged conversations between the lawyer and the witness. DR. THOMPSON: Okay. All right. MS. SHARKO: You can ask you can ask him what he did. I don't think you can ask him about discussions between the lawyer and the witness. BY DR. THOMPSON: Q. In that initial evaluation that you performed to look, did that include evaluating any expert reports from plaintiffs? A. The initial are you talking about the initial meeting with Mr. Winter? Q. Well, you you said that Mr. Winter furnished you with some

7 (Pages 22 to 25)

Conflict of interest policy. I can only tell you what it is.				
and only tell you what it is. BY DR. THOMPSON: Q. And what aspect or what language in that policy has led you to believe that you would be unable to do any experiments? A. Because, for any kind of we're not allowed to take financial remuneration from anyone and at the same time do laboratory experiments on the topic. That's considered a conflict of interest as I understand the conflict of interest as I understand the conflict of interest as I understand the conflict of owold that include? Q. So what what entities Most SHARKO: Object to the form. M.S. SHARKO: M. Wh		Page 26		Page 28
a grant from Novartis Plasmaceutical company, or if I own equity in a management of the management of time? A. Men I was a thary and that was on the management of time? A. Men I was a thary and the management of the management of time? A. Men I was a thary and the management of the	1	conflict of interest policy. I	1	or any compensation from the company. It
4 Q. And what aspect or what 5 language in that policy has led you to 6 believe that you would be unable to do 7 any experiments? 8 A. Because, for any kind of— 9 we're not allowed to take financial 10 remuneration from anyone and at the same 11 time do laboratory experiments on the 12 topic. That's considered a conflict of 13 interest sal understand the conflict of 14 interest solicy. 15 Q. So what – what entities 16 would that include? 17 MS, SHARKO: Object to the 18 form. 19 BY DR. THOMPSON: 20 Q. Pharmaceutical companies? 21 A. Yes. If I — if I get 22 funding—if I get compensation, private 23 compensation from a pharmaceutical 24 company, or if I own equity in a 25 And most reputable institutions that I 26 have experience with, and Canada. 27 Q. So you receive only public 28 funding in your lab? 29 A. I have — at the present 29 time? At the present time all of my 20 funding is public or startup funding for 21 my institution. 22 quity, I can't do experiments that I was 23 a pharmaceutical funding grant, but I was 24 a reports that I had. And it was an omalestones and 25 report that a from Novartis Pharmaceutical to do speriments? 26 quity, I can't do experiments in my 27 a pharmaceutical or or institution. 28 funding in your lab? 29 A. I have — at the present 29 G. How about at any time? 30 A. When I was at Phrincess 31 A. When I was at Parath from Novartis Pharmaceutical to do speriments and milestones and reports that I had. And it was none like the fourth or fifth year that I was a faculty mode a faculty may a two-year grant, and it was a tow-year grant, and it was a tow-year grant from Novartis Pharmaceutical funding as met a treatment of biochemistry— 3 parath, and it was a tow-year grant to the fourth or fifth year that I was a two-year grant to the fourth or fish were that prohibits you from doing any experiments for remuneration. 4 a conflict of interest at our institution. 4 A. When I was at Proyear to pharmaceuticals to do such that the same the fourth of the fourth or founds and the proper than t			2	
believe that you would be unable to do pelieve that you would be unable to do per experiments? A. Because, for any kind of	3	BY DR. THOMPSON:	3	funding.
believe that you would be unable to do any experiments? A. Because, for any kind of we're not allowed to take financial to remuneration from anyone and at the same time do laboratory experiments on the topic. That's considered a conflict of interest as I understand the conflict of would that include? O. So what what entities would that include? MS. SHARKO: Object to the form. Page 27 Page 27 pharmaceutical companies? A. Yes. If I if I get compensation from a pharmaceutical company, or if I own equity in a pharmaceutical company or founders equity, I can't do experiments in my laboratory. That's considered to be a conflict of interest at our institutions funding in your lab? A. I have at the present time's At the present time all of my funding is public or startup funding for my institution. A. When I was a faculty member, I had a grant from Roche Pharmaceuticals. That was a two-year grant that had specific aims and at the same thourth or fifth year that I was a faculty member, I had a grant from Roche Pharmaceuticals. That was a two-year grant, and it was a compeditive grants at twe a cone of the department of biochemistry- one of the department of bio		Q. And what aspect or what		When I was at Harvard
A. Because, for any kind of 9 we're not allowed to take financial 10 remuneration from anyone and at the same 11 time do laboratory experiments on the 12 topic. That's considered a conflict of 13 interest as I understand the conflict of 14 interest policy. 15 Q. So what what entities 16 would that include? 17 MS. SHARKO: Object to the 18 form. 18 BY DR. THOMPSON: 20 Q. Pharmaceutical companies? 21 A. Yes. If I if I get 22 funding if I get compensation, private 23 compensation from a pharmaceutical 24 company, or if I own equity in a Page 27 1 pharmaceutical company or founders 2 equity, I can't do experiments in my 3 laboratory. That's considered to be a 4 conflict of interest at our institution. 5 And most reputable institutions that I 6 have experience with, and Canada. 7 Q. So you receive only public 8 funding in your lab? 8 A. Hawe at the present 10 time? At the present time all of my 11 funding is public or startup funding for 12 my institution. 13 Q. How about at any time? 14 A. When I was at Princess 15 Margaret Cancer Centre in Toronto, which 16 was my second job, I received a a 17 grant, and it was a competitive grant member, I had a grant from Roche 12 minerest as I understand the conflict of 12 minerest as I understand the conflict of 13 interest policy is that I was a two-year grant 14 where Harvard had a Harvard, I think 12 it was the department of biochemistry - 14 where Harvard had a Harvard, I think 12 it was the department of biochemistry - 14 where Harvard had a Harvard, had a a 14 relationship with Roche where you could submit competitive grants and then they were reviewed by a group that included Harvard faculty and Roche faculty. And they chose the ones they were interested in. And that was a 's75,000 grant that I got for two years. 20 Q. Okay. And that and that policy goes for lab funding as well as compensation, correct? 2 A. Which policy? 3 A. Which policy? 4 A. Which policy? 5 A. No. The conflict of interest that prohibits you from doing any experiment				· ·
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remuneration from anyone and at the same time do laboratory experiments on the time do laboratory funding in your lab? Page 27 Page 27 Page 27 Page 29 A Mobat reputable institutions that I have experience with, and Canada. Q. So you receive only public funding in your lab? A Libave—at the present time all of my infinding is public or startup funding for my institution. A When I was at Princess Margaret Cancer Centre in Toronto, which was my second job, I received a—a great from Novartis Pharmaceutical to do studies related to the possible uses of SHIP2 inhibitors, which I'm an expert in, in cancer. So that was a two-year grant that had specific aims and milestones and reports that I had. And it was more like a pharmaceutical linding grant, but I was a Universe on the department of biochemistry—one of the departments that I was a relationship with Roche where you could submit it was the departments that I was a relationship with Roche where you could submit competitive grants and fileated with at Harvard, had a—a relationship with Roche where you could submit competitive grants and then they were releationship with Roche where you could submit competitive grants and then they were releationship with Roche where you could submit competitive grants and then they were releationship with Roche where you could submit competitive grants and then they were releationship with Roche where y				
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interest as I understand the conflict of interest policy. Q. So what what entities 15 Q. So what what entities 15 Go would that include? 16 Would that include? 16 Would that include? 17 MS. SHARKO: Object to the form. 18 Form. 18 BY DR. THOMPSON: 19 BY DR. THOMPSON: 19 Companies? 17 A. Yes. If I if I get 21 Compensation from a pharmaceutical 23 Compensation from a pharmaceutical 24 Company, or if I own equity in a 24 Company, or if I own equity in a 24 Company, or if I own equity in a 25 Componition of the departments that I was a filliated with at Harvard, had a - a relationship with Roche where you could submit competitive grants and then they were reviewed by a group that included they chose the ones they were interested in. And then so I believe it was a \$75,000 grant that I got for two years. 20 Q. Okay. And A. And then so I believe it was a \$75,000 grant that I got for two years. 20 Q. Okay. And A. And that was on SHIP1, which I'm also an expert in. I identified both 24 Conflict of interest at our institution. 4 Componition of the departments that I was affiliated with at Harvard, had a - a relationship with Roche where you could submit competitive grants and then they were reviewed by a group that included they chose the ones they were interested in. And then so I believe it was a \$75,000 grant that I got for two years. 20 Q. Okay. And A. And that was on SHIP1, which I'm also an expert in. I identified both 24 Conflict of interest at our institution. 4 Conflict of interest at our institution. 4 Conflict of interest and proble in the problem of the departments that I was affiliated with at Harvard, had a - a relationship with Roche were reviewed by a group that included they were reviewed by a group that included they chose the ones they were reviewed by a group that included they chose the ones they were reviewed by a group that included they chose the ones they were reviewed by a group that Included they chose the ones they were reviewed by a group that included they chose the ones th				·
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	Page 30		Page 32
1	A. There would, if I were	1	literature to cite?
2	receiving compensation, as I am for	2	A. Yes.
3	serving as an expert witness in this	3	Q. And did you choose the
4	case. That would be a conflict in my	4	quotes that you include in your report?
5	my view of the conflict of interest	5	A. Yes.
6	policy. I didn't consult the the	6	Q. The references that you
7	hospital about that.	7	cited that are attached to your report,
8	Q. Okay. And does that same	8	may I assume that those are the ones that
9	policy apply to anyone in your lab?	9	you deemed most important relating to
10	A. Yes.	10	your opinions?
11	Q. What did you know about	11	A. Yes.
12	talcum powder and ovarian cancer before	12	Q. Did you perform any
13	you were approached by Mr. Winter?	13	searches?
$\frac{13}{14}$	A. I had seen reports in the	14	A. Yes. As I said earlier, I
15	process of litigation and, you know,	15	did several searches.
16		16	
17	that's pretty much it. Q. And you had not reviewed any	17	Q. What terms did you use?A. Well, I can't remember all
18		18	
19	of the literature regarding the issue, correct?	19	of them in detail, but certainly talc and inflammation. Talc and ovarian cancer.
20		20	
21		21	I don't remember all of them. But those
22	Q. Did you have any opinions formed at that time?	22	are a couple.
23		23	Q. And what's your favorite
	A. No.	1	search engine or site?
24	Q. May I assume that all of the	24	A. I use both Google and PubMed
	Page 31		Page 33
1	opinions that you plan to give today are	1	for different searches. I find them
2	contained in your expert report?	2	they provide different information.
3	MS. SHARKO: Object to the	3	Q. The on the materials
4	form of the question. It depends	4	considered, Exhibit Number 3, there are a
5	what you ask him.	5	bunch of plaintiff expert reports listed.
6	THE WITNESS: Should I	_	bunch of plumin expert reports listed.
•	THE WITHESS. SHOULD I	6	Did you read all of those?
7	answer?		
	answer?	6	Did you read all of those? A. No.
7		6 7	Did you read all of those? A. No. Q. Can you go through and tell
7 8	answer? MS. SHARKO: Yes, you can	6 7 8	Did you read all of those? A. No.
7 8 9	answer? MS. SHARKO: Yes, you can answer.	6 7 8 9	Did you read all of those? A. No. Q. Can you go through and tell me which ones you did read?
7 8 9 10	answer? MS. SHARKO: Yes, you can answer. THE WITNESS: How could I say that until I hear what you ask	6 7 8 9 10	Did you read all of those? A. No. Q. Can you go through and tell me which ones you did read? A. I read Dr. Saed's report. I read Dr. Zelikoff's report. And I read
7 8 9 10 11	answer? MS. SHARKO: Yes, you can answer. THE WITNESS: How could I	6 7 8 9 10 11	Did you read all of those? A. No. Q. Can you go through and tell me which ones you did read? A. I read Dr. Saed's report. I read Dr. Zelikoff's report. And I read Dr. Smith-Bindman's report, and I read is
7 8 9 10 11 12	answer? MS. SHARKO: Yes, you can answer. THE WITNESS: How could I say that until I hear what you ask me? I can't answer that. BY DR. THOMPSON:	6 7 8 9 10 11 12	Did you read all of those? A. No. Q. Can you go through and tell me which ones you did read? A. I read Dr. Saed's report. I read Dr. Zelikoff's report. And I read Dr. Smith-Bindman's report, and I read is it Dr is it Levy or Levy's report?
7 8 9 10 11 12	answer? MS. SHARKO: Yes, you can answer. THE WITNESS: How could I say that until I hear what you ask me? I can't answer that. BY DR. THOMPSON: Q. Or additional opinions that	6 7 8 9 10 11 12 13	Did you read all of those? A. No. Q. Can you go through and tell me which ones you did read? A. I read Dr. Saed's report. I read Dr. Zelikoff's report. And I read Dr. Smith-Bindman's report, and I read is it Dr is it Levy or Levy's report? I'm not sure how to pronounce his name.
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7 8 9 10 11 12 13 14 15 16 17	answer? MS. SHARKO: Yes, you can answer. THE WITNESS: How could I say that until I hear what you ask me? I can't answer that. BY DR. THOMPSON: Q. Or additional opinions that you give in response to my questions. Would that be fair? A. Yes. Q. Who wrote your expert report? A. I did.	6 7 8 9 10 11 12 13 14 15 16 17 18	Did you read all of those? A. No. Q. Can you go through and tell me which ones you did read? A. I read Dr. Saed's report. I read Dr. Zelikoff's report. And I read Dr. Smith-Bindman's report, and I read is it Dr is it Levy or Levy's report? I'm not sure how to pronounce his name. I'm sorry. Q. Any others? A. No. Q. You did not look at Dr. Crowley's report? A. No.
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7 8 9 10 11 12 13 14 15 16 17 18 19 20	answer? MS. SHARKO: Yes, you can answer. THE WITNESS: How could I say that until I hear what you ask me? I can't answer that. BY DR. THOMPSON: Q. Or additional opinions that you give in response to my questions. Would that be fair? A. Yes. Q. Who wrote your expert report? A. I did.	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Did you read all of those? A. No. Q. Can you go through and tell me which ones you did read? A. I read Dr. Saed's report. I read Dr. Zelikoff's report. And I read Dr. Smith-Bindman's report, and I read is it Dr is it Levy or Levy's report? I'm not sure how to pronounce his name. I'm sorry. Q. Any others? A. No. Q. You did not look at Dr. Crowley's report? A. No.

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	Page 34		Page 36
1	Dr. Crowley's report addressed?	1	are talking about today, correct?
2	A. I don't recall. I scanned	2	A. I don't know. That's I
3	through the intros of all of them. But I	3	mean, I considered them for sure.
4	didn't think it was really relevant.	4	Q. Okay. When you say talc are
5	Q. Dr. Crowley's report	5	you referring to talcum powder?
6	addressed the fragrance chemicals in	6	A. Yes.
7	Johnson's Baby Powder. Was that not	7	Q. Are you referring to talcum
8	relevant for you?	8	powder that's platy?
9	A. No, not in my opinion.	9	A. I'm referring to the talcum
10	Q. And why is that?	10	powder that was used in the
11	A. Because that wasn't the	11	epidemiological studies and in the
12	issue that I was asked to address. I was	12	experiments of Dr. Saed and others that I
13	asked to address Johnson & Johnson Baby	13	considered for the purposes of my report.
14	Powder studies that used the Baby Powder.	14	I can't give you an exhaustive listing of
15	So what was in them was irrelevant to the	15	what they use. But I did consider those
16	conclusion. It was just the conclusion,	16	papers in issuing my opinion.
17	the effects that were relevant. And I	17	Q. Well, those are two
18	was asked to address the issue of talc	18	different things. The epidemiology
19	and ovarian cancer.	19	studies are typically done calling the
20	Q. So it doesn't matter to you	20	agent that's being asked about talcum
21	what else is in the Baby Powder?	21	powder. And Dr. Saed's experiments were
22	A. Not from the standpoint of	22	specifically done with Johnson's Baby
23	experiments that involve the Baby Powder.	23	Powder, correct?
24	It's just the results of the Baby Powder.	24	MS. SHARKO: Object to the
27	it's just the results of the Baby Fowder.	24	wis. SHARKO. Object to the
	Page 35		Page 37
1	Q. And throughout your report	1	form of the question. Lacks
2	you refer to talc. What do you mean by	2	foundation.
3	that?	3	THE WITNESS: The
4	A. I mean talc. What do you	4	epidemiological studies, in fact,
5	mean by that?	5	were performed using a variety of
6	Q. Well, is it Baby Powder or	6	different products. So there
7	is it talc?	7	wasn't a single product used. But
8	A. No well, it's the talc	8	Johnson & Johnson products were in
9	that I referred to is generic talc. It	9	some of them. Some of the studies
10	could be talc from chemical companies.	10	also included cornstarch.
11	Whatever was used in the experiments in	11	The Saed studies, as I
12	the reports that and/or the studies	12	recall, but we have to look at
13	that I read that were epidemiological	13	them in detail to be sure,
14	based.	14	included talc from chemical
15	Q. What are the products that	15	companies and Johnson & Johnson
16	are at issue today in the litigation?	16	products.
17	A. I'm not an expert on what's	17	BY DR. THOMPSON:
18	involved in litigation. I know that	18	Q. And we will get to
19	Johnson & Johnson Baby Powder and Baby	19	
20		20	Dr. Saed's work. Did you see the paper
21	Shower (sic) are involved in the	20	that Dr. Saed just published in the last
22	litigation. I'm not aware of any other		few weeks?
23	specific products that are involved.	22	A. I didn't see the final
23 24	Q. So Johnson Baby Powder and	23 24	version of the paper. But I saw the
ᇫᆿ	Shower to Shower are the products that we		accepted version that was supplied to us
	•		1

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	Page 38		Page 40
1	after his deposition. And I reviewed	1	which talcum powder may cause or
2	that.	2	contribute to ovarian cancer, doesn't it
3	Q. Why did you not look at the	3	make a difference what the components of
4	final published paper?	4	that talcum powder are?
5	A. Because the as far as I	5	A. No. If I am referring to
6	know, the paper was accepted. So an	6	the papers that are published by experts
7	accepted paper is the same as the	7	for the plaintiffs to argue for a
8	published paper. But I'm happy to look	8	pathogenic role, I should be considering
9	at it if you'd like.	9	what they use. That's the only role of
10	Q. I'm just asking you why you	10	an issue here in my opinion.
11	didn't think that was important to look	11	Q. So if it's shown that talcum
12	at yourself.	12	powder contains fibrous talc, which is
13	A. Because	13	listed as a Group 1 carcinogen by IARC,
14	MS. SHARKO: Object to the	14	that would not matter to you in your
15	form of the question.	15	opinions as to what the mechanism might
16	THE WITNESS: Because an	16	be for the carcinogenesis of Baby
17	accepted paper, in my experience,	17	Powder
18	is identical to the actual paper	18	MS. SHARKO: Object to
19	except for minor editorial, you	19	the from of the
20	know, placements of figures and	20	BY DR. THOMPSON:
21	things like that. Once it's	21	Q correct?
22	accepted, it's not changed.	22	MS. SHARKO: Object to the
23	BY DR. THOMPSON:	23	form of the question. Lacks
24	Q. So your opinion is that in	24	foundation.
21	Q. So your opinion is that in		ioundation.
	Page 39		Page 41
			rage 41
1	the final accepted paper, there was a	1	THE WITNESS: Can you repeat
2	discussion of talcum powder other than	2	THE WITNESS: Can you repeat the question, please?
2 3	discussion of talcum powder other than Johnson's Baby Powder; is that right?		THE WITNESS: Can you repeat the question, please? BY DR. THOMPSON:
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2 3 4 5 6	discussion of talcum powder other than Johnson's Baby Powder; is that right? A. I don't recall. I'm happy to look at the paper. Q. We'll look at that a little	2 3 4 5 6	THE WITNESS: Can you repeat the question, please? BY DR. THOMPSON: Q. So if it's shown that talcum powder contains fibrous talc, which is listed as a Group 1 carcinogen by IARC,
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2 3 4 5 6 7 8 9 10 11 12 13	discussion of talcum powder other than Johnson's Baby Powder; is that right? A. I don't recall. I'm happy to look at the paper. Q. We'll look at that a little bit later. And does talcum powder include fibrous talc? A. Talcum powder includes what I just said. It's whatever was in the products that were used in the epidemiology studies and whatever was	2 3 4 5 6 7 8 9 10 11 12 13	THE WITNESS: Can you repeat the question, please? BY DR. THOMPSON: Q. So if it's shown that talcum powder contains fibrous talc, which is listed as a Group 1 carcinogen by IARC, that would not matter to you in your opinions as to what the mechanism might be, correct? A. Yes. That's correct. Because my opinion is based on the studies that involved the application of talc, including Johnson & Johnson
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	Page 42		Page 44
1	epidemiological evidence?	1	Q. Do you know who Dr. David
2	A. I'm speaking of every of	2	Kessler is?
3	all of the evidence that I covered in my	3	A. I don't recall.
4	report. And I'm happy to go through any	4	Q. And you have listed
5	individual one. But it's all of the	5	references to various websites. What was
6	evidence that I considered in my report.	6	the purpose for selecting these websites
7	I found no compelling scientific evidence	7	to include on your materials considered?
8	to support the position that talc causes	8	A. Well, there were different
9	ovarian cancer.	9	purposes for different websites. Do you
10	Q. Okay. We'll get to that a	10	want to walk through them one by one?
11	little bit more later.	11	Q. No, we'll get back to some
12	And you did not look at	12	of them I think.
13	Dr. Longo's reports, correct?	13	Did you list any websites
14	A. That's correct.	14	that did identify a risk of ovarian
15	Q. And for the same reason that	15	cancer with the perineal use of talcum
16	you did not consider it relevant to your	16	powder products?
17	opinions?	17	A. I don't recall what's in
18	A. Correct.	18	every one of the websites, but I don't
19	Q. And do you know what	19	believe so.
20	Dr. Longo's report addressed?	20	Q. You are aware that there are
21	A. I don't recall. As I told	21	
22	you I scanned through each of them to	22	websites that would list talcum powder use as a risk factor for ovarian cancer,
23	decide which ones I should look at in	23	correct?
24		24	A. I'm not aware of what
24	more detail.	24	A. Thi not aware of what
	Page 43		Page 45
1	Q. So you were not aware that	1	websites that I didn't look at say. I'm
2	Dr. Longo actually tested a number of	2	aware of what websites that I did look at
3	Baby Powder and Shower to Shower samples	3	say.
4	from Johnson & Johnson over decades when	4	Q. So you did not see any
5	they were produced, correct?	5	websites that listed talcum powder use as
6	A. Correct.	6	a risk factor; is that correct?
7	MS. SHARKO: Object to the	7	Or you don't know one way or
8	form of the question.	8	the other?
9	BY DR. THOMPSON:	9	A. I don't recall if I did or I
10	Q. And you did not look at any	10	didn't.
10 11	Q. And you did not look at any of the GYN oncology reports, correct?	11	
			Q. And you reviewed IARC 2010,
11	of the GYN oncology reports, correct? That would be Dr. Daniel	11 12	Q. And you reviewed IARC 2010, correct?
11 12	of the GYN oncology reports, correct? That would be Dr. Daniel Clarke-Pearson, Dr. Ellen Blair Smith or	11	Q. And you reviewed IARC 2010, correct? A. Correct.
11 12 13	of the GYN oncology reports, correct? That would be Dr. Daniel	11 12 13 14	Q. And you reviewed IARC 2010, correct? A. Correct. Q. And what is IARC?
11 12 13 14	of the GYN oncology reports, correct? That would be Dr. Daniel Clarke-Pearson, Dr. Ellen Blair Smith or Dr. Judy Wolf? A. That's correct. I I	11 12 13	Q. And you reviewed IARC 2010, correct? A. Correct. Q. And what is IARC? A. International Agency For
11 12 13 14 15	of the GYN oncology reports, correct? That would be Dr. Daniel Clarke-Pearson, Dr. Ellen Blair Smith or Dr. Judy Wolf? A. That's correct. I I looked through them I looked at the	11 12 13 14 15	Q. And you reviewed IARC 2010, correct? A. Correct. Q. And what is IARC? A. International Agency For Research and Cancer, I believe.
11 12 13 14 15	of the GYN oncology reports, correct? That would be Dr. Daniel Clarke-Pearson, Dr. Ellen Blair Smith or Dr. Judy Wolf? A. That's correct. I I looked through them I looked at the at the general, you know, statements in	11 12 13 14 15 16 17	Q. And you reviewed IARC 2010, correct? A. Correct. Q. And what is IARC? A. International Agency For Research and Cancer, I believe. Q. And what is the subject
11 12 13 14 15 16 17	of the GYN oncology reports, correct? That would be Dr. Daniel Clarke-Pearson, Dr. Ellen Blair Smith or Dr. Judy Wolf? A. That's correct. I I looked through them I looked at the at the general, you know, statements in the beginning and decided they weren't	11 12 13 14 15 16 17 18	Q. And you reviewed IARC 2010, correct? A. Correct. Q. And what is IARC? A. International Agency For Research and Cancer, I believe. Q. And what is the subject matter of the monograph from 2010?
11 12 13 14 15 16 17 18	of the GYN oncology reports, correct? That would be Dr. Daniel Clarke-Pearson, Dr. Ellen Blair Smith or Dr. Judy Wolf? A. That's correct. I I looked through them I looked at the at the general, you know, statements in the beginning and decided they weren't really relevant to my expertise.	11 12 13 14 15 16 17 18 19	Q. And you reviewed IARC 2010, correct? A. Correct. Q. And what is IARC? A. International Agency For Research and Cancer, I believe. Q. And what is the subject matter of the monograph from 2010? A. It covers several things. I
11 12 13 14 15 16 17 18 19 20	of the GYN oncology reports, correct? That would be Dr. Daniel Clarke-Pearson, Dr. Ellen Blair Smith or Dr. Judy Wolf? A. That's correct. I I looked through them I looked at the at the general, you know, statements in the beginning and decided they weren't really relevant to my expertise. Therefore, I didn't look at them in	11 12 13 14 15 16 17 18 19 20	Q. And you reviewed IARC 2010, correct? A. Correct. Q. And what is IARC? A. International Agency For Research and Cancer, I believe. Q. And what is the subject matter of the monograph from 2010? A. It covers several things. I don't remember the exact details, but
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12 (Pages 42 to 45)

	Page 46		Page 48
1	literature as of 2006, correct?	1	suppliers like chemical suppliers like
2	A. I can't recall in detail	2	Sigma.
3	when they cut off the literature.	3	And each study is different.
4	Q. We'll look at that.	4	But the the studies that I cited in my
5	And you are aware that the	5	report all used various forms of "talc"
6	IARC monograph in 2010, published,	6	and that's what I considered in offering
7	reviewing literature up to 2006,	7	my opinion.
8	specifically dealt with non-asbestiform	8	Q. You'll agree that the
9	talc, correct?	9	molecular studies identified where the
10	A. That's my recollection. But	10	talc came from or the talcum powder came
11	again, I read that a while ago. And I'm	11	from, correct?
12	happy to go back and look at it with you	12	A. Yes.
13	if you want to jog my memory.	13	 Q. The epidemiological studies
14	Q. That's a pretty important	14	typically do not, correct?
15	fact, don't you think?	15	A. I don't believe that that is
16	A. It's not material to the	16	correct. Some of them say specifically
17	question at hand as far as I can tell.	17	what products they are. And some of them
18	Because as, again, I was asked to review	18	are not as specific. So it's not a
19	the issue of, you know, Johnson & Johnson	19	one-size-fits-all for that question.
20	products and/or talc and ovarian cancer	20	Q. Are you aware of an
21	with respect to the evidence in the	21	epidemiological study that actually
22	scientific literature as to its	22	refers to what actual product was used by
23	carcinogenicity, and that's what I	23	the women included in the study?
24	reviewed. And whatever talc was used in	24	A. My recollection is several
	Page 47		Page 49
1	those studies would have, you know, been	1	said Johnson & Johnson's products. But
2	the relevant talc. So that's what I	2	we'd have to go through all of the
3	reviewed.	3	24-case-control studies and three cohort
4	Q. So studies that were	4	studies that I looked at.
5	would address asbestos and ovarian cancer	5	Q. Do you know what Johnson &
6	are not relevant?	6	Johnson's market share of Baby Powder has
7	A. Not insofar as I can tell.	7	been over the years?
8	Because I was looking at the issue of	8	A. I have no idea.
9	Johnson & Johnson products and/or talc as	9	Q. You also reviewed the IARC
10	defined by the authors of the papers that	10	monograph in 2012, correct?
11	used these materials, and/or the authors	11	A. Which one is that?
12	of the epidemiological studies that	12	Q. That's the one related to
13	studied this issue on in offering my	13	asbestos.
	•		
14	opinion.	14	A. I looked at that very
14 15	opinion. Q. And you are talking about	15	cursorily. I really didn't have the time
14 15 16	opinion. Q. And you are talking about the epidemiological studies, correct?	15 16	cursorily. I really didn't have the time to do an exhaustive study of asbestos and
14 15 16 17	opinion. Q. And you are talking about the epidemiological studies, correct? A. No. I'm talking about the	15 16 17	cursorily. I really didn't have the time to do an exhaustive study of asbestos and ovarian cancer. I looked at it
14 15 16 17 18	opinion. Q. And you are talking about the epidemiological studies, correct? A. No. I'm talking about the epidemiological studies which used	15 16 17 18	cursorily. I really didn't have the time to do an exhaustive study of asbestos and ovarian cancer. I looked at it cursorily. And several other papers.
14 15 16 17 18 19	opinion. Q. And you are talking about the epidemiological studies, correct? A. No. I'm talking about the epidemiological studies which used certain things. And then I'm talking	15 16 17 18 19	cursorily. I really didn't have the time to do an exhaustive study of asbestos and ovarian cancer. I looked at it cursorily. And several other papers. Q. And even if Johnson &
14 15 16 17 18 19 20	opinion. Q. And you are talking about the epidemiological studies, correct? A. No. I'm talking about the epidemiological studies which used certain things. And then I'm talking about the bio biological studies such	15 16 17 18 19 20	cursorily. I really didn't have the time to do an exhaustive study of asbestos and ovarian cancer. I looked at it cursorily. And several other papers. Q. And even if Johnson & Johnson's Baby Powder and Shower to
14 15 16 17 18 19 20 21	opinion. Q. And you are talking about the epidemiological studies, correct? A. No. I'm talking about the epidemiological studies which used certain things. And then I'm talking about the bio biological studies such as they are, that used various forms of	15 16 17 18 19 20 21	cursorily. I really didn't have the time to do an exhaustive study of asbestos and ovarian cancer. I looked at it cursorily. And several other papers. Q. And even if Johnson & Johnson's Baby Powder and Shower to Shower have are shown to contain
14 15 16 17 18 19 20 21 22	opinion. Q. And you are talking about the epidemiological studies, correct? A. No. I'm talking about the epidemiological studies which used certain things. And then I'm talking about the bio biological studies such as they are, that used various forms of talc, whether it's Johnson in some	15 16 17 18 19 20 21 22	cursorily. I really didn't have the time to do an exhaustive study of asbestos and ovarian cancer. I looked at it cursorily. And several other papers. Q. And even if Johnson & Johnson's Baby Powder and Shower to Shower have are shown to contain asbestos, that was reviewing that
14 15 16 17 18 19 20 21 22 23	opinion. Q. And you are talking about the epidemiological studies, correct? A. No. I'm talking about the epidemiological studies which used certain things. And then I'm talking about the bio biological studies such as they are, that used various forms of talc, whether it's Johnson in some case it's Johnson & Johnson products	15 16 17 18 19 20 21 22 23	cursorily. I really didn't have the time to do an exhaustive study of asbestos and ovarian cancer. I looked at it cursorily. And several other papers. Q. And even if Johnson & Johnson's Baby Powder and Shower to Shower have are shown to contain asbestos, that was reviewing that evidence and that data were not
14 15 16 17 18 19 20 21 22	opinion. Q. And you are talking about the epidemiological studies, correct? A. No. I'm talking about the epidemiological studies which used certain things. And then I'm talking about the bio biological studies such as they are, that used various forms of talc, whether it's Johnson in some	15 16 17 18 19 20 21 22	cursorily. I really didn't have the time to do an exhaustive study of asbestos and ovarian cancer. I looked at it cursorily. And several other papers. Q. And even if Johnson & Johnson's Baby Powder and Shower to Shower have are shown to contain asbestos, that was reviewing that

13 (Pages 46 to 49)

A. No, because the issue is whether there is any compelling scientific evidence that Johnson & Johnson's products, when applied perineally, give rise to an increased incidence of ovarian cancer, and/or whether there was any evidence that Johnson & Johnson products, when applied in experimental animals have any evidence of causing pre or neoplastic conditions of the ovaries or fallopian tubes. That was the issue that I	1 2 3 4 5 6 7 8 9	But I didn't have a chance to study it in any detail. Q. You didn't ask A. In any event, it's a draft, so it hasn't been, you know, finalized. So I don't really think it's relevant until it's finalized. Q. Well, do you know anything
whether there is any compelling scientific evidence that Johnson & Johnson's products, when applied perineally, give rise to an increased incidence of ovarian cancer, and/or whether there was any evidence that Johnson & Johnson products, when applied in experimental animals have any evidence of causing pre or neoplastic conditions of the ovaries or fallopian tubes.	2 3 4 5 6 7 8 9	any detail. Q. You didn't ask A. In any event, it's a draft, so it hasn't been, you know, finalized. So I don't really think it's relevant until it's finalized.
scientific evidence that Johnson & Johnson's products, when applied perineally, give rise to an increased incidence of ovarian cancer, and/or whether there was any evidence that Johnson & Johnson products, when applied in experimental animals have any evidence of causing pre or neoplastic conditions of the ovaries or fallopian tubes.	3 4 5 6 7 8 9	Q. You didn't ask A. In any event, it's a draft, so it hasn't been, you know, finalized. So I don't really think it's relevant until it's finalized.
Johnson's products, when applied perineally, give rise to an increased incidence of ovarian cancer, and/or whether there was any evidence that Johnson & Johnson products, when applied in experimental animals have any evidence of causing pre or neoplastic conditions of the ovaries or fallopian tubes.	4 5 6 7 8 9	A. In any event, it's a draft, so it hasn't been, you know, finalized. So I don't really think it's relevant until it's finalized.
perineally, give rise to an increased incidence of ovarian cancer, and/or whether there was any evidence that Johnson & Johnson products, when applied in experimental animals have any evidence of causing pre or neoplastic conditions of the ovaries or fallopian tubes.	5 6 7 8 9	so it hasn't been, you know, finalized. So I don't really think it's relevant until it's finalized.
incidence of ovarian cancer, and/or whether there was any evidence that Johnson & Johnson products, when applied in experimental animals have any evidence of causing pre or neoplastic conditions of the ovaries or fallopian tubes.	6 7 8 9	So I don't really think it's relevant until it's finalized.
whether there was any evidence that Johnson & Johnson products, when applied in experimental animals have any evidence of causing pre or neoplastic conditions of the ovaries or fallopian tubes.	7 8 9	until it's finalized.
Johnson & Johnson products, when applied in experimental animals have any evidence of causing pre or neoplastic conditions of the ovaries or fallopian tubes.	8 9	
in experimental animals have any evidence of causing pre or neoplastic conditions of the ovaries or fallopian tubes.	9	O. WELL OF YOU KNOW ALLYLING
of causing pre or neoplastic conditions of the ovaries or fallopian tubes.		about the policy that Health Canada
of the ovaries or fallopian tubes.	1 10	follows to publish a draft to open up for
	11	comments
i nat was the issue that i	12	A. No.
considered in issuing my report. And	13	Q before it's finalized?
therefore, the issue is what's what	14	A. No.
		Q. Did you review the
		conclusions of the Health Canada risk
cancer.	17	assessment draft that you were provided
		yesterday?
		A. Not in I didn't have time
•		really to review it in any significant
		detail. So the answer to that is no.
		But I'm happy to do it now.
		Q. Well, you know you referred
		to the Health Canada risk assessment
Page 51		Page 53
A. I don't remember.	1	draft in your report?
Q. That wasn't something that	2	A. No, not that I recall.
would have been important?	3	Where do I refer I refer to the Taher,
A. I read through all of the	4	et al., paper which was the basis for the
		study that was being done at Health
		Canada.
		Q. How do you know that the
`		Taher paper was the basis for the Health
		Canada risk assessment?
· ·		A. I think it says it in the
A. Are we talking about the		paper.
Taher, et al., paper?		Q. Okay. We'll get to that
	13	when we get to that section.
1		And you reviewed an FDA
published by Health Canada.		letter in response to a citizen's
A. I haven't actually read the	16	petition, correct?
draft.	17	A. Yes.
		Q. And was that provided to you
		by counsel?
Q. So you were not provided the		A. Yes.
		(Document marked for
A. I was given you know,		identification as Exhibit
yesterday, you know, the lawyers showed		Neel-4.)
me briefly there was a health assessment.	24	BY DR. THOMPSON:
	Q. Are you aware of animal studies that use Johnson & Johnson Baby Powder? A. I would have to go back and look at the actual studies to see what was used in those studies. Q. You don't know that? Page 51 A. I don't remember. Q. That wasn't something that would have been important? A. I read through all of the animal studies, none of which show any significant carcinogenic effect of talc that was used in the studies. Q. We'll get to those. You reviewed the Health Canada risk assessment, correct? A. Are we talking about the Taher, et al., paper? Q. No, we are talking about the risk assessment published by draft published by Health Canada. A. I haven't actually read the draft. Q. Why not? A. I haven't seen it. Q. So you were not provided the Health Canada risk assessment? A. I was given you know, yesterday, you know, the lawyers showed	whether asbestos is involved in ovarian cancer. Q. Are you aware of animal studies that use Johnson & Johnson Baby Powder? A. I would have to go back and look at the actual studies to see what was used in those studies. Q. You don't know that? Page 51 A. I don't remember. Q. That wasn't something that would have been important? A. I read through all of the animal studies, none of which show any significant carcinogenic effect of talc that was used in the studies. Q. We'll get to those. You reviewed the Health Canada risk assessment, correct? A. Are we talking about the Taher, et al., paper? Q. No, we are talking about the risk assessment published by draft published by Health Canada. A. I haven't actually read the draft. Q. Why not? A. I haven't seen it. Q. So you were not provided the Health Canada risk assessment? A. I was given you know, yesterday, you know, the lawyers showed

14 (Pages 50 to 53)

	Page 54		Page 56
1	Q. I've marked as Exhibit 4	1	THE WITNESS: I wasn't done.
2	Appendix A to your report. And just tell	2	BY DR. THOMPSON:
3	me what this is.	3	Q. Sorry.
4	A. This is a list	4	A. So some of you know, the
5	MS. SHARKO: Just take your	5	ones that are over 10-8 are the only ones
6	time and look through it.	6	that can be considered as documented risk
7	THE WITNESS: This is a list	7	SNPs.
8	of the most recent genome-wide	8	Q. And there are new SNPs being
9	association studies. That show	9	reported all the time. You would agree
10	genome-wide association that	10	with that, correct?
11	show association with specific	11	A. Well, the SNPs aren't being
12	single-nucleotide polymorphisms	12	reported. The SNPs have pretty much
13	with increased risk of ovarian	13	you know, the SNPs that are used in the
14	cancer.	14	genome-wide association studies are the
15	BY DR. THOMPSON:	15	SNPs that are on standard panels.
16	Q. And how does something make	16	What do you mean new SNPs
17	it to the this list?	17	being reported all the time? There are
18	A. How does it make it to this	18	private SNPs between any two individuals.
19	list? When there's been a any	19	If I sequence you and I sequence me, we
20	publication of a genome-wide association	20	might find, you know, a new
21	study is aggregated.	21	single-nucleotide polymorphism. But
22	Q. And so that's when there	22	that's a privity SNP for you or for me.
23	have been enough studies published on a	23	It's not one of the ones that was used to
24	certain gene to reach statistical	24	
21	certain gene to reach statistical	24	map genes.
	Page 55		Page 57
1	Page 55 significance, correct?	1	Page 57 Q. Right. I understand that.
1 2		1 2	
	significance, correct?	1	Q. Right. I understand that.
2	significance, correct? A. Yes. Well, the statistical	2	Q. Right. I understand that. But there is ongoing research in this
2	significance, correct? A. Yes. Well, the statistical significance of each well, there's	2 3	Q. Right. I understand that. But there is ongoing research in this area, correct?
2 3 4	significance, correct? A. Yes. Well, the statistical significance of each well, there's different levels of statistical	2 3 4	Q. Right. I understand that. But there is ongoing research in this area, correct? A. Yes, there's ongoing
2 3 4 5	significance, correct? A. Yes. Well, the statistical significance of each well, there's different levels of statistical significance in the GWAS for every	2 3 4 5	Q. Right. I understand that. But there is ongoing research in this area, correct? A. Yes, there's ongoing research in genetic basis of all cancers.
2 3 4 5 6	significance, correct? A. Yes. Well, the statistical significance of each well, there's different levels of statistical significance in the GWAS for every location that's cited in the GWAS. So	2 3 4 5 6	Q. Right. I understand that. But there is ongoing research in this area, correct? A. Yes, there's ongoing research in genetic basis of all cancers. (Document marked for
2 3 4 5 6 7	significance, correct? A. Yes. Well, the statistical significance of each well, there's different levels of statistical significance in the GWAS for every location that's cited in the GWAS. So some of them are and if you go on the	2 3 4 5 6 7	Q. Right. I understand that. But there is ongoing research in this area, correct? A. Yes, there's ongoing research in genetic basis of all cancers. (Document marked for identification as Exhibit
2 3 4 5 6 7 8 9	significance, correct? A. Yes. Well, the statistical significance of each well, there's different levels of statistical significance in the GWAS for every location that's cited in the GWAS. So some of them are and if you go on the website and look at it, you'll see that it lists the P-value for every association.	2 3 4 5 6 7 8	Q. Right. I understand that. But there is ongoing research in this area, correct? A. Yes, there's ongoing research in genetic basis of all cancers. (Document marked for identification as Exhibit Neel-5.)
2 3 4 5 6 7 8 9 10	significance, correct? A. Yes. Well, the statistical significance of each well, there's different levels of statistical significance in the GWAS for every location that's cited in the GWAS. So some of them are and if you go on the website and look at it, you'll see that it lists the P-value for every	2 3 4 5 6 7 8 9 10	Q. Right. I understand that. But there is ongoing research in this area, correct? A. Yes, there's ongoing research in genetic basis of all cancers. (Document marked for identification as Exhibit Neel-5.) BY DR. THOMPSON: Q. Exhibit 5 is your CV. It appears that that was updated
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15 (Pages 54 to 57)

			_
	Page 58		Page 60
1	right?	1	amplification, certain forms of KRAS
2	A. I can count them. Possibly	2	mutations, certain forms of BRAF
3	eight. But you know, cancer biology is	3	mutations.
4	much more broad than a specific cancer.	4	There's actually drugs in
5	So, I mean, my expert opinion is based on	5	the clinic now that are trying to target
6	30 years of research, actually more than	6	this agent, this this molecule.
7	30. 30 years as a faculty member at	7	It's also mutated in a
8	Harvard Medical School, Princess Margaret	8	germ under a germ-line mutations in a
9	and now NYU. And before that, you know,	9	disease called Noonan syndrome. And
10	graduate school and Ph.D. and post-doc	10	we've done a lot of the work on that.
11	Ph.D. and post-doc training. So I've had	11	And there are also different germ-line
12	about 36 years of no, 39 years of	12	mutations in the disease cause Noonan
13	wow, that's a lot of time 39 years of	13	syndrome with multiple lentigines. We've
14	research experience in this field.	14	done a lot of work on that. We did the
15	From the earliest days of	15	first mouse models for both of those
16	the cancer biology field, I was involved	16	disorders.
17	in, you know, some of the earliest major	17	We discovered that there's a
18	discoveries that led to the molecular age	18	third type of mutation in SHIP2 or PTPN11
19	of cancer.	19	that causes metachondromatosis, which is
20	Q. And obviously that	20	a rare cancer of the bone. We discovered
21	experience with other types of cancer are	21	that SHIP2 acts as tumor suppressor gene
22	relevant to the study of ovarian cancer	22	in that.
23	and the type subtypes, correct?	23	So our lab is working a lot
24	A. I think so, yes.	24	on using on figuring out how to best
	Page 59		Page 61
1	Page 59 Q. Are there any articles on	1	Page 61 deploy SHIP2 inhibitors in the in the
2	Q. Are there any articles on your CV that relate directly to talcum	2	
2	Q. Are there any articles on		deploy SHIP2 inhibitors in the in the
2 3 4	Q. Are there any articles on your CV that relate directly to talcum	2	deploy SHIP2 inhibitors in the in the clinic and how to combine them with other
2 3 4 5	Q. Are there any articles on your CV that relate directly to talcum powder and potential carcinogenesis?A. No.Q. Are there any articles on	2 3 4 5	deploy SHIP2 inhibitors in the in the clinic and how to combine them with other agents. So that's about a third. And then we have a third of the lab that's working on ovarian cancer,
2 3 4 5 6	Q. Are there any articles on your CV that relate directly to talcum powder and potential carcinogenesis? A. No. Q. Are there any articles on your CV that relate to asbestos?	2 3 4 5 6	deploy SHIP2 inhibitors in the in the clinic and how to combine them with other agents. So that's about a third. And then we have a third of the lab that's working on ovarian cancer, pathogenesis, including studies related
2 3 4 5 6 7	Q. Are there any articles on your CV that relate directly to talcum powder and potential carcinogenesis? A. No. Q. Are there any articles on your CV that relate to asbestos? A. No.	2 3 4 5 6 7	deploy SHIP2 inhibitors in the in the clinic and how to combine them with other agents. So that's about a third. And then we have a third of the lab that's working on ovarian cancer, pathogenesis, including studies related to the cell of origin, studies related to
2 3 4 5 6 7 8	Q. Are there any articles on your CV that relate directly to talcum powder and potential carcinogenesis? A. No. Q. Are there any articles on your CV that relate to asbestos?	2 3 4 5 6 7 8	deploy SHIP2 inhibitors in the in the clinic and how to combine them with other agents. So that's about a third. And then we have a third of the lab that's working on ovarian cancer, pathogenesis, including studies related to the cell of origin, studies related to the heterogeneity in ovarian cancer using
2 3 4 5 6 7 8 9	Q. Are there any articles on your CV that relate directly to talcum powder and potential carcinogenesis? A. No. Q. Are there any articles on your CV that relate to asbestos? A. No. Q. Are there any articles on your CV that relate to particles on your CV that relate to particles of any	2 3 4 5 6 7 8 9	deploy SHIP2 inhibitors in the in the clinic and how to combine them with other agents. So that's about a third. And then we have a third of the lab that's working on ovarian cancer, pathogenesis, including studies related to the cell of origin, studies related to the heterogeneity in ovarian cancer using the single cell RNA sequencing, and
2 3 4 5 6 7 8 9	Q. Are there any articles on your CV that relate directly to talcum powder and potential carcinogenesis? A. No. Q. Are there any articles on your CV that relate to asbestos? A. No. Q. Are there any articles on your CV that relate to particles on your CV that relate to particles of any kind?	2 3 4 5 6 7 8 9	deploy SHIP2 inhibitors in the in the clinic and how to combine them with other agents. So that's about a third. And then we have a third of the lab that's working on ovarian cancer, pathogenesis, including studies related to the cell of origin, studies related to the heterogeneity in ovarian cancer using the single cell RNA sequencing, and various type of single cell RNA FISH.
2 3 4 5 6 7 8 9 10	Q. Are there any articles on your CV that relate directly to talcum powder and potential carcinogenesis? A. No. Q. Are there any articles on your CV that relate to asbestos? A. No. Q. Are there any articles on your CV that relate to particles on your CV that relate to particles of any kind? A. No.	2 3 4 5 6 7 8 9 10	deploy SHIP2 inhibitors in the in the clinic and how to combine them with other agents. So that's about a third. And then we have a third of the lab that's working on ovarian cancer, pathogenesis, including studies related to the cell of origin, studies related to the heterogeneity in ovarian cancer using the single cell RNA sequencing, and various type of single cell RNA FISH. And then we have a fourth
2 3 4 5 6 7 8 9 10 11	Q. Are there any articles on your CV that relate directly to talcum powder and potential carcinogenesis? A. No. Q. Are there any articles on your CV that relate to asbestos? A. No. Q. Are there any articles on your CV that relate to particles on your CV that relate to particles of any kind? A. No. Q. Describe for me the	2 3 4 5 6 7 8 9 10 11	deploy SHIP2 inhibitors in the in the clinic and how to combine them with other agents. So that's about a third. And then we have a third of the lab that's working on ovarian cancer, pathogenesis, including studies related to the cell of origin, studies related to the heterogeneity in ovarian cancer using the single cell RNA sequencing, and various type of single cell RNA FISH. And then we have a fourth sorry, a third part of the lab, which
2 3 4 5 6 7 8 9 10 11 12	Q. Are there any articles on your CV that relate directly to talcum powder and potential carcinogenesis? A. No. Q. Are there any articles on your CV that relate to asbestos? A. No. Q. Are there any articles on your CV that relate to particles on your CV that relate to particles of any kind? A. No. Q. Describe for me the research understanding it's a big lab,	2 3 4 5 6 7 8 9 10 11 12	deploy SHIP2 inhibitors in the in the clinic and how to combine them with other agents. So that's about a third. And then we have a third of the lab that's working on ovarian cancer, pathogenesis, including studies related to the cell of origin, studies related to the heterogeneity in ovarian cancer using the single cell RNA sequencing, and various type of single cell RNA FISH. And then we have a fourth sorry, a third part of the lab, which is oh, I forgot. I'm sorry.
2 3 4 5 6 7 8 9 10 11 12 13 14	Q. Are there any articles on your CV that relate directly to talcum powder and potential carcinogenesis? A. No. Q. Are there any articles on your CV that relate to asbestos? A. No. Q. Are there any articles on your CV that relate to particles on your CV that relate to particles of any kind? A. No. Q. Describe for me the research understanding it's a big lab, but generally speaking, what type of	2 3 4 5 6 7 8 9 10 11 12 13	deploy SHIP2 inhibitors in the in the clinic and how to combine them with other agents. So that's about a third. And then we have a third of the lab that's working on ovarian cancer, pathogenesis, including studies related to the cell of origin, studies related to the heterogeneity in ovarian cancer using the single cell RNA sequencing, and various type of single cell RNA FISH. And then we have a fourth sorry, a third part of the lab, which is oh, I forgot. I'm sorry. And then we've also
2 3 4 5 6 7 8 9 10 11 12 13 14 15	Q. Are there any articles on your CV that relate directly to talcum powder and potential carcinogenesis? A. No. Q. Are there any articles on your CV that relate to asbestos? A. No. Q. Are there any articles on your CV that relate to particles on your CV that relate to particles of any kind? A. No. Q. Describe for me the research understanding it's a big lab, but generally speaking, what type of research is your lab currently doing?	2 3 4 5 6 7 8 9 10 11 12 13 14	deploy SHIP2 inhibitors in the in the clinic and how to combine them with other agents. So that's about a third. And then we have a third of the lab that's working on ovarian cancer, pathogenesis, including studies related to the cell of origin, studies related to the heterogeneity in ovarian cancer using the single cell RNA sequencing, and various type of single cell RNA FISH. And then we have a fourth sorry, a third part of the lab, which is oh, I forgot. I'm sorry. And then we've also developed novel organoid systems for both
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Q. Are there any articles on your CV that relate directly to talcum powder and potential carcinogenesis? A. No. Q. Are there any articles on your CV that relate to asbestos? A. No. Q. Are there any articles on your CV that relate to particles on your CV that relate to particles of any kind? A. No. Q. Describe for me the research understanding it's a big lab, but generally speaking, what type of research is your lab currently doing? A. Well, it's divided into	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	deploy SHIP2 inhibitors in the in the clinic and how to combine them with other agents. So that's about a third. And then we have a third of the lab that's working on ovarian cancer, pathogenesis, including studies related to the cell of origin, studies related to the heterogeneity in ovarian cancer using the single cell RNA sequencing, and various type of single cell RNA FISH. And then we have a fourth sorry, a third part of the lab, which is oh, I forgot. I'm sorry. And then we've also developed novel organoid systems for both the fallopian tube and the ovarian
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	Q. Are there any articles on your CV that relate directly to talcum powder and potential carcinogenesis? A. No. Q. Are there any articles on your CV that relate to asbestos? A. No. Q. Are there any articles on your CV that relate to particles on your CV that relate to particles of any kind? A. No. Q. Describe for me the research understanding it's a big lab, but generally speaking, what type of research is your lab currently doing? A. Well, it's divided into three main areas. One area has to do	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	deploy SHIP2 inhibitors in the in the clinic and how to combine them with other agents. So that's about a third. And then we have a third of the lab that's working on ovarian cancer, pathogenesis, including studies related to the cell of origin, studies related to the heterogeneity in ovarian cancer using the single cell RNA sequencing, and various type of single cell RNA FISH. And then we have a fourth sorry, a third part of the lab, which is oh, I forgot. I'm sorry. And then we've also developed novel organoid systems for both the fallopian tube and the ovarian surface epithelium in the mouse. And
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Q. Are there any articles on your CV that relate directly to talcum powder and potential carcinogenesis? A. No. Q. Are there any articles on your CV that relate to asbestos? A. No. Q. Are there any articles on your CV that relate to particles on your CV that relate to particles of any kind? A. No. Q. Describe for me the research understanding it's a big lab, but generally speaking, what type of research is your lab currently doing? A. Well, it's divided into three main areas. One area has to do with SHIP2, which we discussed	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	deploy SHIP2 inhibitors in the in the clinic and how to combine them with other agents. So that's about a third. And then we have a third of the lab that's working on ovarian cancer, pathogenesis, including studies related to the cell of origin, studies related to the heterogeneity in ovarian cancer using the single cell RNA sequencing, and various type of single cell RNA FISH. And then we have a fourth sorry, a third part of the lab, which is oh, I forgot. I'm sorry. And then we've also developed novel organoid systems for both the fallopian tube and the ovarian surface epithelium in the mouse. And we're using that those models to
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Q. Are there any articles on your CV that relate directly to talcum powder and potential carcinogenesis? A. No. Q. Are there any articles on your CV that relate to asbestos? A. No. Q. Are there any articles on your CV that relate to particles on your CV that relate to particles of any kind? A. No. Q. Describe for me the research understanding it's a big lab, but generally speaking, what type of research is your lab currently doing? A. Well, it's divided into three main areas. One area has to do with SHIP2, which we discussed discovered, which is a critical component of growth factor receptor, cytokine	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	deploy SHIP2 inhibitors in the in the clinic and how to combine them with other agents. So that's about a third. And then we have a third of the lab that's working on ovarian cancer, pathogenesis, including studies related to the cell of origin, studies related to the heterogeneity in ovarian cancer using the single cell RNA sequencing, and various type of single cell RNA FISH. And then we have a fourth sorry, a third part of the lab, which is oh, I forgot. I'm sorry. And then we've also developed novel organoid systems for both the fallopian tube and the ovarian surface epithelium in the mouse. And we're using that those models to engineer in the specific mutations that have been found in ovarian human
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q. Are there any articles on your CV that relate directly to talcum powder and potential carcinogenesis? A. No. Q. Are there any articles on your CV that relate to asbestos? A. No. Q. Are there any articles on your CV that relate to particles on your CV that relate to particles of any kind? A. No. Q. Describe for me the research understanding it's a big lab, but generally speaking, what type of research is your lab currently doing? A. Well, it's divided into three main areas. One area has to do with SHIP2, which we discussed discovered, which is a critical component of growth factor receptor, cytokine receptor, and integrin signaling pathways	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	deploy SHIP2 inhibitors in the in the clinic and how to combine them with other agents. So that's about a third. And then we have a third of the lab that's working on ovarian cancer, pathogenesis, including studies related to the cell of origin, studies related to the heterogeneity in ovarian cancer using the single cell RNA sequencing, and various type of single cell RNA FISH. And then we have a fourth sorry, a third part of the lab, which is oh, I forgot. I'm sorry. And then we've also developed novel organoid systems for both the fallopian tube and the ovarian surface epithelium in the mouse. And we're using that those models to engineer in the specific mutations that have been found in ovarian human ovarian cancer so we can develop
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. Are there any articles on your CV that relate directly to talcum powder and potential carcinogenesis? A. No. Q. Are there any articles on your CV that relate to asbestos? A. No. Q. Are there any articles on your CV that relate to particles on your CV that relate to particles of any kind? A. No. Q. Describe for me the research understanding it's a big lab, but generally speaking, what type of research is your lab currently doing? A. Well, it's divided into three main areas. One area has to do with SHIP2, which we discussed discovered, which is a critical component of growth factor receptor, cytokine receptor, and integrin signaling pathways and is critical for the transduction of	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	deploy SHIP2 inhibitors in the in the clinic and how to combine them with other agents. So that's about a third. And then we have a third of the lab that's working on ovarian cancer, pathogenesis, including studies related to the cell of origin, studies related to the heterogeneity in ovarian cancer using the single cell RNA sequencing, and various type of single cell RNA FISH. And then we have a fourth sorry, a third part of the lab, which is oh, I forgot. I'm sorry. And then we've also developed novel organoid systems for both the fallopian tube and the ovarian surface epithelium in the mouse. And we're using that those models to engineer in the specific mutations that have been found in ovarian human ovarian cancer so we can develop syngeneic mouse models to study how to
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Q. Are there any articles on your CV that relate directly to talcum powder and potential carcinogenesis? A. No. Q. Are there any articles on your CV that relate to asbestos? A. No. Q. Are there any articles on your CV that relate to particles on your CV that relate to particles of any kind? A. No. Q. Describe for me the research understanding it's a big lab, but generally speaking, what type of research is your lab currently doing? A. Well, it's divided into three main areas. One area has to do with SHIP2, which we discussed discovered, which is a critical component of growth factor receptor, cytokine receptor, and integrin signaling pathways and is critical for the transduction of signals from activated oncogenes, such as	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	deploy SHIP2 inhibitors in the in the clinic and how to combine them with other agents. So that's about a third. And then we have a third of the lab that's working on ovarian cancer, pathogenesis, including studies related to the cell of origin, studies related to the heterogeneity in ovarian cancer using the single cell RNA sequencing, and various type of single cell RNA FISH. And then we have a fourth sorry, a third part of the lab, which is oh, I forgot. I'm sorry. And then we've also developed novel organoid systems for both the fallopian tube and the ovarian surface epithelium in the mouse. And we're using that those models to engineer in the specific mutations that have been found in ovarian human ovarian cancer so we can develop syngeneic mouse models to study how to best treat these tumors using
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. Are there any articles on your CV that relate directly to talcum powder and potential carcinogenesis? A. No. Q. Are there any articles on your CV that relate to asbestos? A. No. Q. Are there any articles on your CV that relate to particles on your CV that relate to particles of any kind? A. No. Q. Describe for me the research understanding it's a big lab, but generally speaking, what type of research is your lab currently doing? A. Well, it's divided into three main areas. One area has to do with SHIP2, which we discussed discovered, which is a critical component of growth factor receptor, cytokine receptor, and integrin signaling pathways and is critical for the transduction of	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	deploy SHIP2 inhibitors in the in the clinic and how to combine them with other agents. So that's about a third. And then we have a third of the lab that's working on ovarian cancer, pathogenesis, including studies related to the cell of origin, studies related to the heterogeneity in ovarian cancer using the single cell RNA sequencing, and various type of single cell RNA FISH. And then we have a fourth sorry, a third part of the lab, which is oh, I forgot. I'm sorry. And then we've also developed novel organoid systems for both the fallopian tube and the ovarian surface epithelium in the mouse. And we're using that those models to engineer in the specific mutations that have been found in ovarian human ovarian cancer so we can develop syngeneic mouse models to study how to

16 (Pages 58 to 61)

	Page 62		Page 64
1	immunotherapy, including platinum PARP	1	About 50 of which are genomically
2	inhibitors, trying to figure out how	2	characterized, and we are collaborating
3	cyclin E tumors can be treated since	3	with people to use those.
4	they're not treated by platinum very	4	And we are sometimes
5	well.	5	making we also make organoid we're
6	And then the third area of	6	working on organoid systems from humans.
7	the lab has to do with another	7	So we get tissues from our Winthrop
8	phosphatase that we discovered or that we	8	colleagues. And that's under an IRB
9	cloned. We didn't discover it. We were	9	protocol, so but we don't do any
10	the first to clone it, called PPM1 or	10	clinical trials.
11	PP1B. And we're working on how that's	11	I'm consulting on a clinical
12	involved in breast cancer pathogenesis	12	trial that has to do with a different
13	by and in particular how it	13	area of research that we transiently were
14	regulates how how knocking down or	14	involved in that's distantly related to
15	inhibiting PP1B sensitizes breast cancer	15	the moyamoya syndrome thing. I don't
16	cells, or certain types of breast cancer	16	know that you want to go into that, but
17	cells, to hypoxia using and in	17	I'm happy to discuss that.
18	particular, how the there is an	18	Q. Probably not.
19	interaction between this PP1B and this	19	A. Has to do with has to do
20	novel E3 ligase called RNF213, which is	20	with vitamin
21	the disease gene for moyamoya syndrome	21	MS. SHARKO: Let him finish.
22	which is a very rare syndrome that causes	22	THE WITNESS: Has to do with
23	precocious strokes in children.	23	vitamin C and the connection
24	So that's the that's the	24	between vitamin C and this pathway
21	so that's the that's the		between vitaliin e and this pathway
	Page 63		Page 65
1	major work being done in the lab.	1	that I mentioned to you of PP1B
2	Q. In a nutshell, right?	2	and RNF213.
3	A. Yes.	3	And we in reading the
4	Q. Does your lab do both in	4	literature on that, I realized
5	vitro and in vivo animal model research?	5	that there was a possible use of
6	A. Yes.	6	vitamin C in myeloid dysplastic
7	Q. Do you do human research?	7	syndrome and AML, and we got
8	A. What do you mean by human	8	together with some of my other
9	research?	9	colleagues upstairs and did a
10	Q. Anything that requires an	10	major paper that was published in
11	IRB, approval, the biomarkers in	11	Cell last year and led to a
12	patients, anything of that sort?	12	clinical trial.
13	A. We have so IRB approval	13	So I'm helping the junior
14	is required to get issues and it's	14	faculty member in my department to
15	usually a pretty standard what they	15	design that trial and to execute
16	call administrative approval. So if	16	it, which is running at the cancer
17	you're counting that, yes, we have	17	center right now.
18	approval to get the tissues that we use	18	So that's the only
19	to make ovarian cancer xenographs.	19	connection. But I'm actually not
20	We have a variety I	20	on that IRB, because I'm not
21	forgot to mention that we have a large	21	really doing the study.
22	collection of ovarian cancer xenographs	22	BY DR. THOMPSON:
	in the lab that mainly came from my time	23	Q. Okay. And I I am not
7 4			V. VNAV. AUG I ** I AUG UU
23 24			
23	in Toronto. So we have hundreds of them.	24	intentionally interrupting you.

17 (Pages 62 to 65)

	Page 66		Page 68
1	Sometimes it's hard to tell when there's	1	going to shut down completely in two
2	a pause. Just so	2	months.
3	A. I have to catch my breath,	3	So if you call those ex
4	you know.	4	vivo, then that's ex vivo. But it's very
5	Q so you know that.	5	confusing nomenclature. So I prefer to
6	And the tissue samples that	6	explain what we're actually doing, and
7	you use, is that something that some	7	then you can judge what you want to call
8	would refer to as ex vivo research?	8	it.
9	A. So, you know, the use of the	9	Q. And I'm glad to know I'm not
10	word ex vivo is used pretty sloppily in	10	the only one that's confused, so
11	literature. Including some e-mails I	11	A. I think it's sloppy, sloppy
12	actually think it's confusing when to use	12	wording.
13	in vivo and not when to use in some	13	Q. And you have published with
14	people use in vivo to refer to mice, to	14	immortalized cell lines, correct?
15	mouse experiments. Some people don't.	15	A. Yes.
16	Some people use in vivo	16	Q. As of most researchers in
17	to some people I think what we can	17	the that are doing in vitro research,
18	all agree on is in vitro if it's a	18	correct?
19	pure biochemistry experiment where there	19	A. Yes, but I the context is
20	are no cells, that's in vitro.	20	important. And, you know, it's like
21	Some people would then call	21	you use the right you have to if
22	putting the same, you know, testing	22	you want to get definitive results or
23	agents on cells in vitro. Some would	23	interpretable results or convincing
24	call it in vivo.	24	results, you have to use the right cell
	Page 67		Page 69
1	Page 67 And ex vivo, some people	1	Page 69 system for the right experiment at the
2		1 2	
	And ex vivo, some people would call taking cell taking human cells out and doing the same kind of		system for the right experiment at the right time. That's the point. Q. What is contained in
2 3 4	And ex vivo, some people would call taking cell taking human cells out and doing the same kind of studies that other people call in vitro.	2	system for the right experiment at the right time. That's the point. Q. What is contained in Johnson's Baby Powder in your mind?
2 3 4 5	And ex vivo, some people would call taking cell taking human cells out and doing the same kind of studies that other people call in vitro. So I can say what we do.	2 3 4 5	system for the right experiment at the right time. That's the point. Q. What is contained in Johnson's Baby Powder in your mind? A. I I have no knowledge as
2 3 4 5 6	And ex vivo, some people would call taking cell taking human cells out and doing the same kind of studies that other people call in vitro. So I can say what we do. We as I told you, we make	2 3 4 5 6	system for the right experiment at the right time. That's the point. Q. What is contained in Johnson's Baby Powder in your mind? A. I I have no knowledge as to what's in Johnson & Johnson's Baby
2 3 4 5 6 7	And ex vivo, some people would call taking cell taking human cells out and doing the same kind of studies that other people call in vitro. So I can say what we do. We as I told you, we make organoids, which are these culture	2 3 4 5 6 7	system for the right experiment at the right time. That's the point. Q. What is contained in Johnson's Baby Powder in your mind? A. I I have no knowledge as to what's in Johnson & Johnson's Baby Powder. I'm not a chemist. I'm not a,
2 3 4 5 6	And ex vivo, some people would call taking cell taking human cells out and doing the same kind of studies that other people call in vitro. So I can say what we do. We as I told you, we make organoids, which are these culture systems that allow you to basically grow	2 3 4 5 6	system for the right experiment at the right time. That's the point. Q. What is contained in Johnson's Baby Powder in your mind? A. I I have no knowledge as to what's in Johnson & Johnson's Baby Powder. I'm not a chemist. I'm not a, you know, material scientist, so
2 3 4 5 6 7 8 9	And ex vivo, some people would call taking cell taking human cells out and doing the same kind of studies that other people call in vitro. So I can say what we do. We as I told you, we make organoids, which are these culture systems that allow you to basically grow the cells in much more physiologically	2 3 4 5 6 7 8 9	system for the right experiment at the right time. That's the point. Q. What is contained in Johnson's Baby Powder in your mind? A. I I have no knowledge as to what's in Johnson & Johnson's Baby Powder. I'm not a chemist. I'm not a, you know, material scientist, so Q. Do you even know what's on
2 3 4 5 6 7 8 9	And ex vivo, some people would call taking cell taking human cells out and doing the same kind of studies that other people call in vitro. So I can say what we do. We as I told you, we make organoids, which are these culture systems that allow you to basically grow the cells in much more physiologically relevant settings involving extracellular	2 3 4 5 6 7 8 9	system for the right experiment at the right time. That's the point. Q. What is contained in Johnson's Baby Powder in your mind? A. I I have no knowledge as to what's in Johnson & Johnson's Baby Powder. I'm not a chemist. I'm not a, you know, material scientist, so
2 3 4 5 6 7 8 9 10	And ex vivo, some people would call taking cell taking human cells out and doing the same kind of studies that other people call in vitro. So I can say what we do. We as I told you, we make organoids, which are these culture systems that allow you to basically grow the cells in much more physiologically relevant settings involving extracellular matrix and they form glands and things	2 3 4 5 6 7 8 9 10 11	system for the right experiment at the right time. That's the point. Q. What is contained in Johnson's Baby Powder in your mind? A. I I have no knowledge as to what's in Johnson & Johnson's Baby Powder. I'm not a chemist. I'm not a, you know, material scientist, so Q. Do you even know what's on the bottle as to what is contained? A. No.
2 3 4 5 6 7 8 9 10 11	And ex vivo, some people would call taking cell taking human cells out and doing the same kind of studies that other people call in vitro. So I can say what we do. We as I told you, we make organoids, which are these culture systems that allow you to basically grow the cells in much more physiologically relevant settings involving extracellular matrix and they form glands and things like that.	2 3 4 5 6 7 8 9 10 11 12	system for the right experiment at the right time. That's the point. Q. What is contained in Johnson's Baby Powder in your mind? A. I I have no knowledge as to what's in Johnson & Johnson's Baby Powder. I'm not a chemist. I'm not a, you know, material scientist, so Q. Do you even know what's on the bottle as to what is contained? A. No. Q. And that doesn't matter to
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	And ex vivo, some people would call taking cell taking human cells out and doing the same kind of studies that other people call in vitro. So I can say what we do. We as I told you, we make organoids, which are these culture systems that allow you to basically grow the cells in much more physiologically relevant settings involving extracellular matrix and they form glands and things like that. We make organoids from fallopian tube, from ovarian surface epithelium of the mouse. And we have done more limited work on making fallopian tube organoids from the human. We also have been involved in studies, some of which will come out soon in Nature Medicine, on the use on developing organoid conditions for culturing human ovarian cancers. And we	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	system for the right experiment at the right time. That's the point. Q. What is contained in Johnson's Baby Powder in your mind? A. I I have no knowledge as to what's in Johnson & Johnson's Baby Powder. I'm not a chemist. I'm not a, you know, material scientist, so Q. Do you even know what's on the bottle as to what is contained? A. No. Q. And that doesn't matter to you? A. Not for the purpose of writing my report, no. Or for examining any of the studies that I referred to in my report, no. It doesn't. Q. Okay. And and would you give the same answers for the Shower to Shower product? A. Yes. Q. And it's your understanding

18 (Pages 66 to 69)

	Page 70		Page 72
1	correct?	1	would not know whether those claims would
2	MS. SHARKO: Object to the	2	be misleading or not, correct?
3	form of the question. Lacks	3	MS. SHARKO: Object to the
4	foundation.	4	form. Lacks foundation.
5	THE WITNESS: So I have no	5	THE WITNESS: No, I wouldn't
6	idea what the business structure	6	have any knowledge of that.
7	is that gives rise to Johnson &	7	BY DR. THOMPSON:
8	Johnson's Baby Powder.	8	Q. Is it important for you to
9	BY DR. THOMPSON:	9	know the mineral content of a talcum
10	Q. Okay.	10	powder product?
11	A. All I know is that it's	11	A. Not for the purposes of my
12	called Johnson & Johnson's Baby Powder.	12	report, no.
13	Q. Okay. And same answer for	13	Q. Would it be important for
14	Shower to Shower?	14	you to know whether there are fibers or
15	A. Yes.	15	not in a talcum powder product to assess
16	Q. Are you familiar with the	16	the potential health effects?
17	various grades of talc?	17	A. Not for the purposes of my
18	A. Not in any detail. I'm not	18	report which were to look at the specific
19	a geologist.	19	issues that I've already covered.
20	Q. And same answer that that	20	Q. And that goes for the
21	doesn't isn't important to you as far	21	opinions that you're giving today as
22	as your opinions go in this case?	22	well?
23	A. No, because that wasn't what	23	A. Absolutely. Mm-hmm. My
24	I was addressing in my report, nor what	24	opinions that I'm giving today are based
	Page 71		
	1430 /1		Page 73
1	I'm here to tell you about.	1	on my report and any questions that you
2	I'm here to tell you about. Q. Do you know anything	2	on my report and any questions that you ask me.
2	I'm here to tell you about. Q. Do you know anything regarding the particle size of Johnson's	2 3	on my report and any questions that you ask me. Q. So neither the type of
2 3 4	I'm here to tell you about. Q. Do you know anything regarding the particle size of Johnson's Baby Powder or Shower to Shower?	2	on my report and any questions that you ask me. Q. So neither the type of fibers or the number of fibers is
2 3 4 5	I'm here to tell you about. Q. Do you know anything regarding the particle size of Johnson's Baby Powder or Shower to Shower? A. No.	2 3 4 5	on my report and any questions that you ask me. Q. So neither the type of fibers or the number of fibers is important in your in providing your
2 3 4 5 6	I'm here to tell you about. Q. Do you know anything regarding the particle size of Johnson's Baby Powder or Shower to Shower? A. No. Q. Is it important for you to	2 3 4 5 6	on my report and any questions that you ask me. Q. So neither the type of fibers or the number of fibers is important in your in providing your opinions for us today?
2 3 4 5 6 7	I'm here to tell you about. Q. Do you know anything regarding the particle size of Johnson's Baby Powder or Shower to Shower? A. No. Q. Is it important for you to know the quality of a talcum powder	2 3 4 5 6 7	on my report and any questions that you ask me. Q. So neither the type of fibers or the number of fibers is important in your in providing your opinions for us today? A. That's correct.
2 3 4 5 6 7 8	I'm here to tell you about. Q. Do you know anything regarding the particle size of Johnson's Baby Powder or Shower to Shower? A. No. Q. Is it important for you to know the quality of a talcum powder product to assess its talc its health	2 3 4 5 6 7 8	on my report and any questions that you ask me. Q. So neither the type of fibers or the number of fibers is important in your in providing your opinions for us today?
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2 3 4 5 6 7 8 9 10 11	I'm here to tell you about. Q. Do you know anything regarding the particle size of Johnson's Baby Powder or Shower to Shower? A. No. Q. Is it important for you to know the quality of a talcum powder product to assess its talc its health effects? A. No, not for the purpose of my report. Q. And would you describe	2 3 4 5 6 7 8 9 10 11	on my report and any questions that you ask me. Q. So neither the type of fibers or the number of fibers is important in your in providing your opinions for us today? A. That's correct. Q. And you understand that this case involves women who use the Johnson & Johnson products in the genital area and subsequently developed ovarian cancer, correct?
2 3 4 5 6 7 8 9 10 11 12 13	I'm here to tell you about. Q. Do you know anything regarding the particle size of Johnson's Baby Powder or Shower to Shower? A. No. Q. Is it important for you to know the quality of a talcum powder product to assess its talc its health effects? A. No, not for the purpose of my report. Q. And would you describe quality as to the amount of and type of	2 3 4 5 6 7 8 9 10 11 12	on my report and any questions that you ask me. Q. So neither the type of fibers or the number of fibers is important in your in providing your opinions for us today? A. That's correct. Q. And you understand that this case involves women who use the Johnson & Johnson products in the genital area and subsequently developed ovarian cancer, correct? A. I assume so. I haven't read
2 3 4 5 6 7 8 9 10 11 12 13	I'm here to tell you about. Q. Do you know anything regarding the particle size of Johnson's Baby Powder or Shower to Shower? A. No. Q. Is it important for you to know the quality of a talcum powder product to assess its talc its health effects? A. No, not for the purpose of my report. Q. And would you describe quality as to the amount of and type of impurities in the talcum powder?	2 3 4 5 6 7 8 9 10 11 12 13	on my report and any questions that you ask me. Q. So neither the type of fibers or the number of fibers is important in your in providing your opinions for us today? A. That's correct. Q. And you understand that this case involves women who use the Johnson & Johnson products in the genital area and subsequently developed ovarian cancer, correct? A. I assume so. I haven't read the complaint.
2 3 4 5 6 7 8 9 10 11 12 13 14	I'm here to tell you about. Q. Do you know anything regarding the particle size of Johnson's Baby Powder or Shower to Shower? A. No. Q. Is it important for you to know the quality of a talcum powder product to assess its talc its health effects? A. No, not for the purpose of my report. Q. And would you describe quality as to the amount of and type of impurities in the talcum powder? A. I wouldn't describe quality	2 3 4 5 6 7 8 9 10 11 12 13 14	on my report and any questions that you ask me. Q. So neither the type of fibers or the number of fibers is important in your in providing your opinions for us today? A. That's correct. Q. And you understand that this case involves women who use the Johnson & Johnson products in the genital area and subsequently developed ovarian cancer, correct? A. I assume so. I haven't read the complaint. Q. Okay. And when we talk
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	I'm here to tell you about. Q. Do you know anything regarding the particle size of Johnson's Baby Powder or Shower to Shower? A. No. Q. Is it important for you to know the quality of a talcum powder product to assess its talc its health effects? A. No, not for the purpose of my report. Q. And would you describe quality as to the amount of and type of impurities in the talcum powder? A. I wouldn't describe quality because I am not qualified to discuss quality.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	on my report and any questions that you ask me. Q. So neither the type of fibers or the number of fibers is important in your in providing your opinions for us today? A. That's correct. Q. And you understand that this case involves women who use the Johnson & Johnson products in the genital area and subsequently developed ovarian cancer, correct? A. I assume so. I haven't read the complaint. Q. Okay. And when we talk about ovarian cancer generally, we're referring to epithelial ovarian cancer.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	I'm here to tell you about. Q. Do you know anything regarding the particle size of Johnson's Baby Powder or Shower to Shower? A. No. Q. Is it important for you to know the quality of a talcum powder product to assess its talc its health effects? A. No, not for the purpose of my report. Q. And would you describe quality as to the amount of and type of impurities in the talcum powder? A. I wouldn't describe quality because I am not qualified to discuss quality. Q. Does pure talc exist?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	on my report and any questions that you ask me. Q. So neither the type of fibers or the number of fibers is important in your in providing your opinions for us today? A. That's correct. Q. And you understand that this case involves women who use the Johnson & Johnson products in the genital area and subsequently developed ovarian cancer, correct? A. I assume so. I haven't read the complaint. Q. Okay. And when we talk about ovarian cancer generally, we're referring to epithelial ovarian cancer. Would you agree to that?
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	I'm here to tell you about. Q. Do you know anything regarding the particle size of Johnson's Baby Powder or Shower to Shower? A. No. Q. Is it important for you to know the quality of a talcum powder product to assess its talc its health effects? A. No, not for the purpose of my report. Q. And would you describe quality as to the amount of and type of impurities in the talcum powder? A. I wouldn't describe quality because I am not qualified to discuss quality. Q. Does pure talc exist? A. I'm not a geologist. I have no opinion on that subject. I have no	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	on my report and any questions that you ask me. Q. So neither the type of fibers or the number of fibers is important in your in providing your opinions for us today? A. That's correct. Q. And you understand that this case involves women who use the Johnson & Johnson products in the genital area and subsequently developed ovarian cancer, correct? A. I assume so. I haven't read the complaint. Q. Okay. And when we talk about ovarian cancer generally, we're referring to epithelial ovarian cancer. Would you agree to that? A. Who is "we"? Q. You and I today.
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1	epithelial ovarian cancer anymore.	1	pretty much settled. But
2	Not I mean, that entity is too	2	Q. But there is some debate
3	nondescript to be meaningful from a 2019	3	still as far as whether that applies to
4	cellular molecular biology perspective.	4	some some ovarian cancers or all
5	Q. But you understand that that	5	ovarian cancers?
6	is done in literature being published	6	A. Well, all cancers have a
7	every single day?	7	cell of origin. So I'm not clear what
8	A. It's not done by people who	8	your question is.
9	are familiar with the relevant molecular	9	Q. Bad question. We'll move
10	and cellular data. There's lots of	10	on.
11	papers published that aren't very good.	11	And there is certainly more
12	Q. And understanding that there	12	work being done with the histologic
13	are different histologic types, as well	13	subtypes and whether that's still a good
14	as the Type 1 and Type 2 being	14	classification system, right?
15	described. And the field is obviously	15	A. I don't think that there is
16	evolving. Would you agree?	16	any disagreement among modern ovarian
17	A. There were several	17	cancer researchers at the top
18	Q. There were.	18	institutions and who are up on the
19	A. Can you make it a more	19	literature as to the fact that it's
20	specific question there?	20	nonmeaningful to talk about all ovarian
21	Q. Yeah.	21	cancer or all epithelial ovarian cancer
22	A. Because I don't necessarily	22	any more than it's legitimate to talk
23	agree with everything that you said. So	23	about all breast cancer or all many
24	if you break it down, maybe I can help	24	different types lung cancer.
24	n you break it down, maybe i can heip	27	different types fung cancer.
	Page 75		Page 77
1		1	
1 2	get this.	1 2	They are separate molecular
2	get this. Q. I think that's a good	2	They are separate molecular diseases. Cancer is not a single
2	get this. Q. I think that's a good criticism of that question.	2 3	They are separate molecular diseases. Cancer is not a single disease. Ovarian cancer is not a single
2 3 4	get this. Q. I think that's a good criticism of that question. The study of ovarian cancer	2 3 4	They are separate molecular diseases. Cancer is not a single disease. Ovarian cancer is not a single disease. And it's simply not meaningful
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2 3 4 5 6 7	get this. Q. I think that's a good criticism of that question. The study of ovarian cancer is an evolving field. Would you agree to that? A. Yes.	2 3 4 5	They are separate molecular diseases. Cancer is not a single disease. Ovarian cancer is not a single disease. And it's simply not meaningful to talk about ovarian cancer or even epithelial ovarian cancer. In fact, I would say and
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20 (Pages 74 to 77)

	Page 78		Page 80
1		1	having talked to women about how they use
2	same, and that's why we're not very good at treating it.	2	talcum powder products in the perineal
3	Q. But there is still evolution	3	area?
4	and debate in the field. Wouldn't you	4	
5		5	A. I think I'd get in trouble if I had conversations with women about
6	agree?	6	that. I do have experience in using
7	MS. SHARKO: Object to the	7	talcum powder products, however.
8	form. BY DR. THOMPSON:	8	Q. How is that?
9		9	~
10	Q. If we let's get out of	10	A. When my I'm the oldest
11	the molecular researchers at an elite	11	brother of four boys. And my younger two
12	university and talk about medical or	12	brothers, you know, are nine and 11 years
	gynecologic oncologists. You agree that	13	younger than I am. And as the oldest
13 14	there is going to be a lag time between	14	boy, I was taught to diaper them. And
15	what you're discovering and how that new	15	we they used I used talcum powder
	novel information gets transmitted and	16	products all the time on them. I would
16	utilized by doctors in the field?	17	dust their bottoms with the talcum powder
17	MR. LOCKE: Objection to	18	products.
18	form.		Q. Would you currently dust
19	BY DR. THOMPSON:	19	babies with talcum powder knowing what
20	Q. Correct?	20 21	you know?
21	A. So that's not I agree		A. I don't have any babies, so
22	that there's almost always a lag between	22	I haven't given it any thought. I don't
23	laboratory studies and implementation in	23 24	have any reason to use it anymore.
24	the clinic. I think that that's not a	24	Q. If someone asked you for
	Page 79		Page 81
1		1	
1 2	good thing. And I should point out that	1 2	your advice?
			your advice? A. Well, my daughter is
2	good thing. And I should point out that I am not just a laboratory researcher, I'm the director of the Perlmutter Cancer	2	your advice? A. Well, my daughter is pregnant, so maybe I'll have to think
2 3 4	good thing. And I should point out that I am not just a laboratory researcher, I'm the director of the Perlmutter Cancer Center at NYU Langone. And my job is to	2 3	your advice? A. Well, my daughter is
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2 3 4 5 6 7	good thing. And I should point out that I am not just a laboratory researcher, I'm the director of the Perlmutter Cancer Center at NYU Langone. And my job is to try to make sure that research, not just in my lab but in other laboratories in	2 3 4 5 6 7	your advice? A. Well, my daughter is pregnant, so maybe I'll have to think about it. But I wouldn't give any advice on that. I'm not I'm not a medical doctor. I don't really have any everything is different about how diaper
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	good thing. And I should point out that I am not just a laboratory researcher, I'm the director of the Perlmutter Cancer Center at NYU Langone. And my job is to try to make sure that research, not just in my lab but in other laboratories in our institution, get translated as quickly as possible in the form of clinical trials at our institution and elsewhere. So I think that it is true that modern information has not, you know, transmitted to many people in practice at other institutions. But that doesn't mean that the modern information isn't correct. Q. And I did not mean to	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	your advice? A. Well, my daughter is pregnant, so maybe I'll have to think about it. But I wouldn't give any advice on that. I'm not I'm not a medical doctor. I don't really have any everything is different about how diaper goes now. We used to use all kinds of different stuff. I don't really remember the details. But, you know Q. So if A I don't remember if we used talc on our girls or not. Q. So if your daughter is pregnant knows that you're you've looked at this area, serving as an expert
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	good thing. And I should point out that I am not just a laboratory researcher, I'm the director of the Perlmutter Cancer Center at NYU Langone. And my job is to try to make sure that research, not just in my lab but in other laboratories in our institution, get translated as quickly as possible in the form of clinical trials at our institution and elsewhere. So I think that it is true that modern information has not, you know, transmitted to many people in practice at other institutions. But that doesn't mean that the modern information isn't correct. Q. And I did not mean to diminish your role at all. Do you have any understanding of how the talcum powder	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	your advice? A. Well, my daughter is pregnant, so maybe I'll have to think about it. But I wouldn't give any advice on that. I'm not I'm not a medical doctor. I don't really have any everything is different about how diaper goes now. We used to use all kinds of different stuff. I don't really remember the details. But, you know Q. So if A I don't remember if we used talc on our girls or not. Q. So if your daughter is pregnant knows that you're you've looked at this area, serving as an expert for Johnson & Johnson, and asked you if it was safe, would you recommend that she use Johnson's Baby Powder with her new
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	good thing. And I should point out that I am not just a laboratory researcher, I'm the director of the Perlmutter Cancer Center at NYU Langone. And my job is to try to make sure that research, not just in my lab but in other laboratories in our institution, get translated as quickly as possible in the form of clinical trials at our institution and elsewhere. So I think that it is true that modern information has not, you know, transmitted to many people in practice at other institutions. But that doesn't mean that the modern information isn't correct. Q. And I did not mean to diminish your role at all. Do you have any understanding of how the talcum powder products are actually used by women?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	your advice? A. Well, my daughter is pregnant, so maybe I'll have to think about it. But I wouldn't give any advice on that. I'm not I'm not a medical doctor. I don't really have any everything is different about how diaper goes now. We used to use all kinds of different stuff. I don't really remember the details. But, you know Q. So if A I don't remember if we used talc on our girls or not. Q. So if your daughter is pregnant knows that you're you've looked at this area, serving as an expert for Johnson & Johnson, and asked you if it was safe, would you recommend that she use Johnson's Baby Powder with her new baby, what would you tell her?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	good thing. And I should point out that I am not just a laboratory researcher, I'm the director of the Perlmutter Cancer Center at NYU Langone. And my job is to try to make sure that research, not just in my lab but in other laboratories in our institution, get translated as quickly as possible in the form of clinical trials at our institution and elsewhere. So I think that it is true that modern information has not, you know, transmitted to many people in practice at other institutions. But that doesn't mean that the modern information isn't correct. Q. And I did not mean to diminish your role at all. Do you have any understanding of how the talcum powder products are actually used by women? A. I mean, only in the most	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	your advice? A. Well, my daughter is pregnant, so maybe I'll have to think about it. But I wouldn't give any advice on that. I'm not I'm not a medical doctor. I don't really have any everything is different about how diaper goes now. We used to use all kinds of different stuff. I don't really remember the details. But, you know Q. So if A I don't remember if we used talc on our girls or not. Q. So if your daughter is pregnant knows that you're you've looked at this area, serving as an expert for Johnson & Johnson, and asked you if it was safe, would you recommend that she use Johnson's Baby Powder with her new baby, what would you tell her? MR. LOCKE: Objection.

21 (Pages 78 to 81)

	Page 82		Page 84
1	My daughter who is pregnant	1	plausibility to those agents
2	is an M.D. Ph.D. student at UCSF	2	causing ovarian cancer. That's
3	and she wouldn't listen to me	3	the basis of my report. And as I
4	anyway.	4	understand it, that's why I am
5	BY DR. THOMPSON:	5	here today, to provide testimony
6	Q. Well, that	6	on that basis.
7	A. She's a she's got her own	7	BY DR. THOMPSON:
8	opinion. And she's got a Ph.D. in cancer	8	Q. And your opinion is there is
9	biology herself so she wouldn't she	9	no biological plausibility to Baby Powder
10	would research it herself. So I wouldn't	10	products causing or contributing ovarian
11	waste the time in telling my daughter who	11	cancer in the general sense?
12	is a Ph.D. at UCSF, which is a better	12	A. Yes. I that is
13	medical school than we have here.	13	definitely my opinion. In fact, if
14	Q. Well, that may be true.	14	anything, there's evidence that it
15	A. It is true.	15	doesn't.
16	Q. But if she did ask you, what	16	There's no evidence that it
17	would you answer?	17	does. And the available evidence
18	A. I would tell her that she	18	suggests that it doesn't.
19	should look into it herself.	19	Q. And you know that talcum
20	Q. Okay. And would that be the	20	powder products are no longer used on
21	same if the Baby Powder was shown to	21	condoms or dusting diaphragms, correct?
22	contain asbestos?	22	A. I don't know that.
23	MR. LOCKE: Objection.	23	Q. Do you know that the FDA has
24	THE WITNESS: I don't as	24	banned powdered medical exam gloves or
	Page 83		Page 85
1	I said, I wouldn't give anybody an	1	surgical gloves?
2	opinion on that. That's not my	2	MS. SHARKO: Object to the
3	place to give people opinions, so	3	form. Foundation.
4	it's I I don't know how to	4	THE WITNESS: I'm not an
5	answer your question.	5	expert in regulations that the FDA
6	BY DR. THOMPSON:	6	might have. So I have no reason
7	Q. Well, you are giving	7	to know one way or the other, nor
8	opinions today	8	why they did it or didn't do it.
9	A. I'm giving	9	BY DR. THOMPSON:
10	Q as to what women should	10	Q. So in doing your research
11	do, right?	11	for your report, was it irrelevant that
12	MS. SHARKO: Object to the	12	talcum powder was no longer used on exam
13	form.	13	gloves or surgical gloves?
14	THE WITNESS: No. No.	14	A. No, that wasn't relevant.
15	MS. SHARKO: Lacks	15	Because what I consider for my report was
16	foundation.	16	the very clear issue of what, if any, is
17	THE WITNESS: I'm not giving	17	the role of talcum powder products and/or
18	my opinion on what women should	18	Johnson & Johnson products that contain
19	do. Women should decide for	19	talc for ovarian cancer pathogenesis.
20	themselves what they should do.	20	That was the basis of my
21	I'm giving an opinion on	21	report and my reading and researching
22	whether talc or Johnson &	22	related to this issue.
23	Johnson's products, whether	23	Q. As a physician would you
24	there's any biological	24	agree with me that there are no no

22 (Pages 82 to 85)

	Page 86		Page 88
1	known medical benefits from the use of	1	think you told us before that you were
2	talcum powder products for hygiene	2	aware of some debate or discussion
3	purposes?	3	regarding the safety of Baby Powder, did
4	A. As as you established	4	anyone ask you to study that issue?
5	very early, I haven't seen a patient	5	MS. SHARKO: Object to the
6	since 1988 so I have no comment on that	6	form. Lacks foundation.
7	as a physician. I'm not a I'm not a	7	THE WITNESS: No one asked
8	* ·	8	me to look at this before
9	practicing physician.	9	
10	Q. So you don't know one way or	10	Mr. Winter came to me.
	the other whether there are any medical	11	But, you know, I want to
11 12	benefits?	12	I'm not going to agree with the
	A. I'm not aware of there being	13	premise of your question, because
13	any medical benefits. But I'm not in any		I wasn't aware of a debate.
14	way current on the literature of, you	14	I think I said that I was
15	know, gynecology so or any other	15	aware of reports in the press that
16	possible use of talc. So I wouldn't	16	there was litigation. That
17	really feel comfortable giving an opinion	17	doesn't mean that there's a
18	on something that I'm not an expert on.	18	debate. That just means there's
19	As opposed to the issue of	19	litigation, in my opinion.
20	whether talc causes ovarian cancer, which	20	BY DR. THOMPSON:
21	is right in my area of expertise and I'm	21	Q. Fair enough.
22	quite confident in giving you an opinion	22	So prior to the reports in
23	on that.	23	the news over the past few years, you
24	Q. Would the average layperson	24	weren't aware of any concerns about Baby
	Page 87		Page 89
1	know that there are no medical benefits	1	Powder in the '70s, '80s, going forward?
2			
	from using Baby Powder?	2	A. No. I wouldn't no.
	from using Baby Powder? A. I have no idea what the		
3	A. I have no idea what the	2 3	Not not I only read about things
3 4	A. I have no idea what the average layperson does.	2 3 4	Not not I only read about things about you know, regarding talc since
3 4 5	A. I have no idea what the average layperson does. As I say, I don't see	2 3	Not not I only read about things about you know, regarding talc since Mr. Winter came to me in May of 2017.
3 4 5 6	A. I have no idea what the average layperson does. As I say, I don't see patients. So I don't really have any way	2 3 4 5 6	Not not I only read about things about you know, regarding talc since Mr. Winter came to me in May of 2017. Q. And you weren't you
3 4 5	A. I have no idea what the average layperson does. As I say, I don't see patients. So I don't really have any way to assess what the average layperson's	2 3 4 5	Not not I only read about things about you know, regarding talc since Mr. Winter came to me in May of 2017. Q. And you weren't you weren't aware of any concerns about Baby
3 4 5 6 7 8	A. I have no idea what the average layperson does. As I say, I don't see patients. So I don't really have any way to assess what the average layperson's knowledge is or isn't of talc products.	2 3 4 5 6 7	Not not I only read about things about you know, regarding talc since Mr. Winter came to me in May of 2017. Q. And you weren't you
3 4 5 6 7 8 9	A. I have no idea what the average layperson does. As I say, I don't see patients. So I don't really have any way to assess what the average layperson's knowledge is or isn't of talc products. Q. Would the average layperson	2 3 4 5 6 7 8	Not not I only read about things about you know, regarding talc since Mr. Winter came to me in May of 2017. Q. And you weren't you weren't aware of any concerns about Baby Powder or talcum powder containing asbestos?
3 4 5 6 7 8 9	A. I have no idea what the average layperson does. As I say, I don't see patients. So I don't really have any way to assess what the average layperson's knowledge is or isn't of talc products. Q. Would the average layperson understand that there are different	2 3 4 5 6 7 8 9	Not not I only read about things about you know, regarding talc since Mr. Winter came to me in May of 2017. Q. And you weren't you weren't aware of any concerns about Baby Powder or talcum powder containing asbestos? A. I I read things about
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3 4 5 6 7 8 9 10 11	A. I have no idea what the average layperson does. As I say, I don't see patients. So I don't really have any way to assess what the average layperson's knowledge is or isn't of talc products. Q. Would the average layperson understand that there are different molecular subtypes of ovarian cancer? A. Almost certainly not, since	2 3 4 5 6 7 8 9 10 11	Not not I only read about things about you know, regarding talc since Mr. Winter came to me in May of 2017. Q. And you weren't you weren't aware of any concerns about Baby Powder or talcum powder containing asbestos? A. I I read things about that in the course of doing my research on this topic. But I wasn't aware of it
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3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A. I have no idea what the average layperson does. As I say, I don't see patients. So I don't really have any way to assess what the average layperson's knowledge is or isn't of talc products. Q. Would the average layperson understand that there are different molecular subtypes of ovarian cancer? A. Almost certainly not, since I find that many gynecological oncologists don't, you know, in the community. Q. Prior to being contacted regarding serving as an expert in this litigation, did Johnson & Johnson, or	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Not not I only read about things about you know, regarding talc since Mr. Winter came to me in May of 2017. Q. And you weren't you weren't aware of any concerns about Baby Powder or talcum powder containing asbestos? A. I I read things about that in the course of doing my research on this topic. But I wasn't aware of it before. Q. So prior to being consulted, you were not aware of any concerns A. Correct. Q about Baby Powder. I think we've answered this.
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A. I have no idea what the average layperson does. As I say, I don't see patients. So I don't really have any way to assess what the average layperson's knowledge is or isn't of talc products. Q. Would the average layperson understand that there are different molecular subtypes of ovarian cancer? A. Almost certainly not, since I find that many gynecological oncologists don't, you know, in the community. Q. Prior to being contacted regarding serving as an expert in this litigation, did Johnson & Johnson, or anyone for that matter, ever contact you	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Not not I only read about things about you know, regarding talc since Mr. Winter came to me in May of 2017. Q. And you weren't you weren't aware of any concerns about Baby Powder or talcum powder containing asbestos? A. I I read things about that in the course of doing my research on this topic. But I wasn't aware of it before. Q. So prior to being consulted, you were not aware of any concerns A. Correct. Q about Baby Powder. I think we've answered this. But other than the literature and
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	A. I have no idea what the average layperson does. As I say, I don't see patients. So I don't really have any way to assess what the average layperson's knowledge is or isn't of talc products. Q. Would the average layperson understand that there are different molecular subtypes of ovarian cancer? A. Almost certainly not, since I find that many gynecological oncologists don't, you know, in the community. Q. Prior to being contacted regarding serving as an expert in this litigation, did Johnson & Johnson, or anyone for that matter, ever contact you to explore the relationship between	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Not not I only read about things about you know, regarding talc since Mr. Winter came to me in May of 2017. Q. And you weren't you weren't aware of any concerns about Baby Powder or talcum powder containing asbestos? A. I I read things about that in the course of doing my research on this topic. But I wasn't aware of it before. Q. So prior to being consulted, you were not aware of any concerns A. Correct. Q about Baby Powder. I think we've answered this. But other than the literature and document review, you have not done any
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3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. I have no idea what the average layperson does. As I say, I don't see patients. So I don't really have any way to assess what the average layperson's knowledge is or isn't of talc products. Q. Would the average layperson understand that there are different molecular subtypes of ovarian cancer? A. Almost certainly not, since I find that many gynecological oncologists don't, you know, in the community. Q. Prior to being contacted regarding serving as an expert in this litigation, did Johnson & Johnson, or anyone for that matter, ever contact you to explore the relationship between talcum powder and ovarian cancer in your laboratory?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Not not I only read about things about you know, regarding talc since Mr. Winter came to me in May of 2017. Q. And you weren't you weren't aware of any concerns about Baby Powder or talcum powder containing asbestos? A. I I read things about that in the course of doing my research on this topic. But I wasn't aware of it before. Q. So prior to being consulted, you were not aware of any concerns A. Correct. Q about Baby Powder. I think we've answered this. But other than the literature and document review, you have not done any research on the on talcum powder and ovarian cancer, correct?
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	A. I have no idea what the average layperson does. As I say, I don't see patients. So I don't really have any way to assess what the average layperson's knowledge is or isn't of talc products. Q. Would the average layperson understand that there are different molecular subtypes of ovarian cancer? A. Almost certainly not, since I find that many gynecological oncologists don't, you know, in the community. Q. Prior to being contacted regarding serving as an expert in this litigation, did Johnson & Johnson, or anyone for that matter, ever contact you to explore the relationship between talcum powder and ovarian cancer in your laboratory? A. No.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Not not I only read about things about you know, regarding talc since Mr. Winter came to me in May of 2017. Q. And you weren't you weren't aware of any concerns about Baby Powder or talcum powder containing asbestos? A. I I read things about that in the course of doing my research on this topic. But I wasn't aware of it before. Q. So prior to being consulted, you were not aware of any concerns A. Correct. Q about Baby Powder. I think we've answered this. But other than the literature and document review, you have not done any research on the on talcum powder and ovarian cancer, correct? A. Just to clarify. I did do
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23 (Pages 86 to 89)

1 research which is in my report. And I 2 want to make sure that I'm not misstating	Page 92
	1 Q. I believe she participated
2. Want to make sure that I'm not misstating	2 in one of the conferences where
3 that.	3 A. I'm sure she did.
4 I did, you know, for	4 Q you were program
5 example, test the validity of some of	5 director?
6 Dr. Saed's claims by just doing simple	6 A. I haven't met her
7 searches on publicly available websites,	
8 some of which were the websites that were	r J
	Q. Okay. And does that meanthat you have not discussed the case with
,	9 that you have not discussed the case with 10 Liz Dr. Swisher?
J 1	couldn't discuss it.
	4 Q. I understand.
	5 You brought with you today
	6 invoices that you had submitted to
i j č	Johnson & Johnson, correct?
	8 A. I didn't bring anything with
1 1 2	9 me today.
,	Q. Someone did.
1 1 1	A. Okay.
J	Q. But let me give you a copy
r · · · · · · · · · · · · · · · · · · ·	of the invoice marked as Exhibit 6.
Q. I'm not sure it is. But	4 (Document marked for
Page 91	Page 93
1 we'll we'll give you a pass on that	1 identification as Exhibit
2 one.	2 Neel-6.)
3 A. Okay. Actually I was asked	3 BY DR. THOMPSON:
4 by last night, my there were people	4 Q. Does this appear to be
5 in my house, and I said I can't discuss	5 this document appear to be invoices that
6 this, so she told me I had to go to	6 you've submitted?
7 sleep.	7 A. Yes.
8 Q. You told you mentioned	8 Q. And did you prepare these
9 that you had told is that colleagues	9 invoices yourself?
	0 A. Yes.
, ,	Q. And it looks to me that
	2 you've worked on the case about
1 2	3 122 hours. Does that sound about right?
	4 A. Probably. This doesn't even
14 to explain why I wasn't going to be	5 include the latest invoice. So it's a
15 here why I went to the lawyers' 1	3
here why I went to the lawyers' 1 offices several times in the last couple 1	
15 here why I went to the lawyers' 1 16 offices several times in the last couple 1 17 of weeks, so yes. 1	8
15 here why I went to the lawyers' 16 offices several times in the last couple 17 of weeks, so yes. 18 Q. Okay. Did you discuss any	8 Q. And you're billing at \$750
15 here why I went to the lawyers' 16 offices several times in the last couple 17 of weeks, so yes. 18 Q. Okay. Did you discuss any 19 details as far as your opinions 1	Q. And you're billing at \$750 an hour.
15 here why I went to the lawyers' 16 offices several times in the last couple 17 of weeks, so yes. 18 Q. Okay. Did you discuss any 19 details as far as your opinions 20 A. No.	Q. And you're billing at \$750 an hour. A. Yes.
15 here why I went to the lawyers' 16 offices several times in the last couple 17 of weeks, so yes. 18 Q. Okay. Did you discuss any 19 details as far as your opinions 20 A. No. 21 Q in the case?	Q. And you're billing at \$750 an hour. A. Yes. Q. Correct?
15 here why I went to the lawyers' 16 offices several times in the last couple 17 of weeks, so yes. 18 Q. Okay. Did you discuss any 19 details as far as your opinions 20 A. No. 21 Q in the case? 22 Do you know Liz Swisher?	Q. And you're billing at \$750 an hour. A. Yes. Q. Correct? What did you do to prepare
15 here why I went to the lawyers' 16 offices several times in the last couple 17 of weeks, so yes. 18 Q. Okay. Did you discuss any 19 details as far as your opinions 20 A. No. 21 Q in the case? 22 Do you know Liz Swisher? 23 A. I don't know her personally.	Q. And you're billing at \$750 an hour. A. Yes. Q. Correct?

24 (Pages 90 to 93)

	Page 94		Page 96
1	some of the papers. I read my report. I	1	that's trying to study the same issue
2	read some of the expert reports. And I	2	replicate what you did to formulate their
3	had, as I just alluded to, several	3	own opinions?
4	discussions with Ms. Sharko and	4	A. Well, the first thing they
5	Mr. Zellers.	5	could do is go to graduate school and
6	Q. Did you meet when did you	6	medical school, medical residency,
7	meet with the attorneys?	7	postdoctoral fellowship, and have
8	A. I'd have to check my	8	30 years in cancer biology. That would
9	calendar to get the exact dates. You	9	be the background that you would need to
10	know, I have so many things to keep in my	10	have my opinions in this report.
11	head, I only try to retain the stuff	11	And assuming that you found
12	that's material.	12	someone with that degree of training and
13	Q. Has it been in the last few	13	expertise, they would almost certainly do
14	days?	14	exactly what I did.
15	A. I met with them very briefly	15	Q. As you described reading the
16	yesterday. But yes, there have been a	16	references, searching for additional
17	couple of conferences.	17	references and then relying on your 39
18	Q. And for how long did you	18	is it 39 years of experience?
19	meet yesterday?	19	A. I don't know. You'd have to
20	A. An hour and a half maybe.	20	count it. It's very depressing for you
21	Maybe a little less.	21	to keep repeating that number.
22	Q. Let's go to your report now.	22	O. That is the first time I've
23	I didn't see a section of your report	23	repeated it.
24	that describes the methodology that you	24	A. That's the second time.
	that describes the fibration of that you		11. That's the second time.
	Page 95		D 0F
	rage 73		Page 97
1	used to reach your opinions. Can you	1	Q. Is it the second time?
2	used to reach your opinions. Can you describe for me as best you can how you	1 2	Q. Is it the second time? Sorry about that.
2 3	used to reach your opinions. Can you describe for me as best you can how you formulated the opinions that you gave in	I	Q. Is it the second time?Sorry about that.A. I said it once, and that was
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	used to reach your opinions. Can you describe for me as best you can how you formulated the opinions that you gave in your report? A. I read references that are listed in the report, consulted some additional references that I found were not material. I did the searches that I explained earlier on GWAS.org and also on the Sanger website and the CCLE website at the Broad. And I read the other expert reports and some of their papers, and I came up with my opinions. Q. Can you refer me to a published article or textbook chapter or treatise or anything that actually describes the methodology that you used in formulating your opinions and writing your report? A. I don't think there is a textbook that tells scientists how to	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. Is it the second time? Sorry about that. A. I said it once, and that was depressing enough. Q. I'm afraid that I have more experience or years than that. But did you use the same standards in reaching the opinions in your report that you would use, for example, if you were publishing a paper? A. Yeah, I think that's actually a good analogy. This is very similar to a type of strategy that I would use if I were writing a review article. So I've written about 37 or co-authored 37 review articles, or a book chapter. That's the kind of approach that I would use there. Very, very similar. I should have said that actually. That's a very good analogy. Q. Oh, you're welcome. Did you do a comprehensive

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	Page 98		Page 100
1	actually answer now the way you just	1	So I don't know how to
2	helped me answer, because I think that's	2	describe it any better than that. It's
3	what I reviewed this to the degree of	3	very similar to the strict approach that
4	depth that I would write an article on.	4	we would use for evaluating a new paper
5	If I were going to write a review on	5	we got to review.
6	ovarian cancer and talc for a scientific	6	And that's the same standard
7	publication, this is the approach that I	7	that I use when writing a review article.
8	would use.	8	I go to the literature, I read the papers
9	Q. Did you do any comprehensive	9	thoroughly, I don't take the conclusions
10	review on fibers and particles and their	10	or the statements of the authors at face
11	role in carcinogenesis?	11	value. I look to see whether the data
12	A. No.	12	supports it whether the data support
13	Q. Did you do any literature	13	it, and then I reach a conclusion, and
14	review on asbestos?	14	I I put that in the review in the
15	A. Only a very limited amount	15	context of my evaluation of the paper.
16	of review of asbestos in the context of	16	And that's what I did here.
17	ovarian cancer.	17	Q. So as far as weighing the
18	Q. Did you do any review on	18	evidence, would you agree that it's kind
19	fibrous talc?	19	of a gestalt, based on your education and
20	A. Not that I recall. Only in	20	experience?
21	the context of it might have been	21	MS. SHARKO: Object to the
22	mentioned in some of the papers that I	22	form of the question.
23	reviewed.	23	THE WITNESS: Can you define
24	Q. What is fibrous talc?	24	gestalt? Because I know people
	_		
	Page 99		Page 101
1	Page 99 A. I can't describe. I'm not a	1	Page 101 use that in the common parlance.
1 2		1 2	
	A. I can't describe. I'm not a		use that in the common parlance.
2	A. I can't describe. I'm not a geologist. I'm a cancer biologist.	2	use that in the common parlance. And I want to make sure we're
2 3	A. I can't describe. I'm not a geologist. I'm a cancer biologist.Q. Did you use the particular	2 3	use that in the common parlance. And I want to make sure we're being accurate, since it's on the
2 3 4 5 6	 A. I can't describe. I'm not a geologist. I'm a cancer biologist. Q. Did you use the particular method to weigh the evidence from the literature? A. I it's very hard you 	2 3 4	use that in the common parlance. And I want to make sure we're being accurate, since it's on the record and I'm testifying.
2 3 4 5 6 7	A. I can't describe. I'm not a geologist. I'm a cancer biologist. Q. Did you use the particular method to weigh the evidence from the literature?	2 3 4 5 6 7	use that in the common parlance. And I want to make sure we're being accurate, since it's on the record and I'm testifying. BY DR. THOMPSON:
2 3 4 5 6 7 8	 A. I can't describe. I'm not a geologist. I'm a cancer biologist. Q. Did you use the particular method to weigh the evidence from the literature? A. I it's very hard you 	2 3 4 5 6 7 8	use that in the common parlance. And I want to make sure we're being accurate, since it's on the record and I'm testifying. BY DR. THOMPSON: Q. How would in the way that
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. I can't describe. I'm not a geologist. I'm a cancer biologist. Q. Did you use the particular method to weigh the evidence from the literature? A. I it's very hard you know, it's very hard to describe how a scientist evaluates data. We have a lot of training in terms of looking at data and assessing its strengths and weaknesses and coming to a conclusion about that. For example, I am an editor of six I'm on the editorial board of six major cancer journals. I review papers all the time. I'm reviewing a paper right now, for example, in one of the other areas, not in ovarian cancer, but one of the other areas that I mentioned earlier. And I applied the same standard to reviewing this literature that I would apply to	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	use that in the common parlance. And I want to make sure we're being accurate, since it's on the record and I'm testifying. BY DR. THOMPSON: Q. How would in the way that you would define it. A. I think it's more like what Potter Stewart said about pornography. You know it when you see it, and I know that the studies that I read on the biological plausibility of talc are bad. And I can state exactly why they're bad in multiple ways. I think I did in my report. Q. Yeah, and I'm sure you are going to have more opportunity. But would you say it's more subjective than objective? A. No, I would say it's quite the contrary. It's quite objective. Bad science is very objective. People who
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	Page 102		Page 104
1	methodology, the objective methodology.	1	A. Absolutely.
2	A. I'm trying as best I can to	2	Q. Did you perform a Bradford
3	explain the methodology.	3	Hill analysis to determine causation in
4	You read the paper, okay.	4	this case?
5	You look at the data. You see if the	5	A. Well, I'm not an
6	data supports the claims. Okay. And	6	epidemiologist. Bradford Hill criteria
7	unfortunately, in many journals, the data	7	are epidemiological criteria. I did, you
8	doesn't support the claims, even though	8	know, read in the course of doing my
9	the authors say it supports the claims.	9	research, I did read the Bradford Hill
10	So, you know, there is a lot	10	paper, and I did address several of the
11	of papers that are published that either	11	issues that Bradford Hill addressed.
12	overstate their data or provide evidence	12	But, you know, as I said,
13	that is not rigorous and they still get	13	
14		14	my my expertise, as I think you know,
15	published, because, you know, there's a	15	is primarily in the area of cancer
16	paper for every journal and a journal for	16	biology. And, you know, I did read the
17	every paper, as my mentor once said.	17	epidemiological literature from the
	Q. And that process is using	l	standpoint of someone who is trained as a
18	your professional judgment I assume,	18	physician and also who is in charge of
19	right?	19	running the epidemiology and cancer
20	A. I think judgment is a little	20	control program for our cancer center
21	soft there. It's using my professional	21	grant. So I do have a little I have
22	experience.	22	the ability to read that, but my
23	Q. Experience.	23	expertise is primarily the cancer biology
24	A. And experience and	24	expertise. And that's where I I feel
	Page 103		Page 105
1		1	
	judgment.	l	I have the most definitive training and
1 2 3	judgment. Q. And judgment.	2	I have the most definitive training and expert and and knowledge.
2	judgment. Q. And judgment. A. Yes.	2 3	I have the most definitive training and expert and and knowledge. Q. So I think you'd agree that
2 3 4	judgment. Q. And judgment. A. Yes. Q. Okay.	2 3 4	I have the most definitive training and expert and and knowledge. Q. So I think you'd agree that you are not an epidemiologist, per se?
2 3 4 5	judgment. Q. And judgment. A. Yes. Q. Okay. A. And training. I mean, you	2 3 4 5	I have the most definitive training and expert and and knowledge. Q. So I think you'd agree that you are not an epidemiologist, per se? A. No, I'm not an
2 3 4	judgment. Q. And judgment. A. Yes. Q. Okay. A. And training. I mean, you know, I've been doing this for a while.	2 3 4	I have the most definitive training and expert and and knowledge. Q. So I think you'd agree that you are not an epidemiologist, per se? A. No, I'm not an epidemiologist. I think I stated that.
2 3 4 5 6	judgment. Q. And judgment. A. Yes. Q. Okay. A. And training. I mean, you know, I've been doing this for a while. Q. 39 years, right?	2 3 4 5 6 7	I have the most definitive training and expert and and knowledge. Q. So I think you'd agree that you are not an epidemiologist, per se? A. No, I'm not an epidemiologist. I think I stated that. Q. And and you don't hold
2 3 4 5 6 7 8	judgment. Q. And judgment. A. Yes. Q. Okay. A. And training. I mean, you know, I've been doing this for a while. Q. 39 years, right? A. See, you're just doing that	2 3 4 5 6 7 8	I have the most definitive training and expert and and knowledge. Q. So I think you'd agree that you are not an epidemiologist, per se? A. No, I'm not an epidemiologist. I think I stated that. Q. And and you don't hold yourself out to be an epidemiologist
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	judgment. Q. And judgment. A. Yes. Q. Okay. A. And training. I mean, you know, I've been doing this for a while. Q. 39 years, right? A. See, you're just doing that to upset me. It's not fair. It's not fair to upset the witness. Q. You know I'm going to get that in every time I can from now on. A. I'm going to have to calculate to see if it really is 39. It might be 38. Q. Regarding the report, do you intend to write up your opinions as to a review article in this case? A. I hadn't thought of doing it, no. But Q. But you'd be willing to submit your report to for peer review?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	I have the most definitive training and expert and and knowledge. Q. So I think you'd agree that you are not an epidemiologist, per se? A. No, I'm not an epidemiologist. I think I stated that. Q. And and you don't hold yourself out to be an epidemiologist A. No. Q correct? Have you ever performed a Bradford Hill analysis in the course of your work as a cancer biologist? A. No. Q. Do you agree that scientists can look at the same body of literature and reach different conclusions? A. Sometimes. Q. And that's in a general sense, I'm asking that question. A. Sometimes. But not often. Q. So so credible and
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	judgment. Q. And judgment. A. Yes. Q. Okay. A. And training. I mean, you know, I've been doing this for a while. Q. 39 years, right? A. See, you're just doing that to upset me. It's not fair. It's not fair to upset the witness. Q. You know I'm going to get that in every time I can from now on. A. I'm going to have to calculate to see if it really is 39. It might be 38. Q. Regarding the report, do you intend to write up your opinions as to a review article in this case? A. I hadn't thought of doing it, no. But Q. But you'd be willing to	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	I have the most definitive training and expert and and knowledge. Q. So I think you'd agree that you are not an epidemiologist, per se? A. No, I'm not an epidemiologist. I think I stated that. Q. And and you don't hold yourself out to be an epidemiologist A. No. Q correct? Have you ever performed a Bradford Hill analysis in the course of your work as a cancer biologist? A. No. Q. Do you agree that scientists can look at the same body of literature and reach different conclusions? A. Sometimes. Q. And that's in a general sense, I'm asking that question. A. Sometimes. But not often.

27 (Pages 102 to 105)

	Belijamili G. Net	Ξ Ι , Ι ^ν Ι	.D., FII.D.
	Page 106		Page 108
1	A. When they don't agree,	1	Q. You I just want to make
2	that's because the data aren't strong	2	clear.
3	enough to reach agreement. The essence	3	So in your opinion, the
4	of science is that it's empirical, which	4	science has settled that there's no
5	means that people can make the same	5	association, correct?
6	observations in different places at	6	A. You you can't in
7	different times when using the same	7	science you can't prove a negative.
8	methods. And they can, therefore, reach	8	So you can only prove a positive. And
9	the same conclusion.	9	I will restate my opinion, because that's
10	When scientists disagree,	10	my opinion.
11	it's because the science is not settled.	11	There is no credible
12	Q. And you would agree that	12	scientific evidence that perineal talc
13	there are often debates in medicine and	13	causes ovarian cancer at all. There's no
14	science?	14	evidence.
15	A. I would answer the question	15	Q. Leave out the credible. Is
16	the same way I just answered. That when	16	there no evidence?
17	there are debates in medicine and	17	A. In science there is no such
18	science, it's because the science has not	18	thing as uncredible incredible
19	established to a reasonable scientific	19	evidence. There's evidence and there's
20	certainty that something is or isn't	20	bad science.
21	true.	21	Q. Okay.
22	Q. And it's your opinion in	22	A. So if you'd like me to say
23	this case regarding the relationship	23	that there's bad science that claims that
24	between the genital use of talcum powder	24	ovarian cancer is caused by tale, I guess
21	between the gental use of taleum powder		ovarian cancer is caused by tale, I guess
	Page 107		Page 109
1	and ovarian cancer, that the science is	1	I could say that. It's bad science.
2	settled?	2	Q. And I don't want you to say
3	A. No. It is my opinion that	3	anything. I just want want you to
4	there is no scientific evidence to	4	give what your opinions are.
5	support the contention that talc applied	5	A. No, there is no credible
6	perineally causes ovarian cancer. There	6	there is no credible scientific evidence
7	is	7	that perineal talc causes ovarian cancer
8	Q. So the science is not	8	in my opinion.
9	settled?	9	DR. THOMPSON: I'm at a
10	MS. SHARKO: Wait, wait.	10	breakpoint if that if this is a
11	Let him finish his answer.	11	good time for for you, Doctor?
12	DR. THOMPSON: You don't	12	THE WITNESS: Sure, I was
13	have to remind me every time	13	just going to say. I think that
14	when I do it, it's unintentional.	14	would be good actually.
15	And I will pause as soon as I see	15	THE VIDEOGRAPHER: Remove
16	that he's going to continue to	16	your microphone. The time is
17	talk.	17	10:21 a.m. Going off the record.
18	BY DR. THOMPSON:	18	(Short break.)
19	Q. Go ahead, Dr. Neel.	19	THE VIDEOGRAPHER: We are
20	A. There is no the available	20	back on the record. The time is
21	evidence does not support to any	21	10:40 a.m.
22	scientific credibility that perineal talc	22	BY DR. THOMPSON:
23	causes ovarian cancer. That is my	23	Q. Dr. Neel, looking at your
24	opinion.	24	report, Page 8, you have a section that
-	-F		

28 (Pages 106 to 109)

	Page 110		Page 112
-	Page 110	_	
1	speaks of the hallmarks of cancer with a	1	A. Because the hallmarks are
2	reference to Dr. Hanahan's paper, 2011,	2	the things you read. As it says,
3	titled "Hallmarks of Cancer." And that's	3	underlying these hallmarks are certain
4	just been marked as Exhibit 8.	4	things. But the reason is that so
5	(Document marked for	5	again, you have to distinguish between
6	identification as Exhibit	6	inflammation that accompanies cancer and
7	Neel-8.)	7	those cancers that have a component of
8	BY DR. THOMPSON:	8	inflammation in their initiation. I
9	Q. You'll agree that this is a	9	think that's what we are talking about
10	classic paper in the field of cancer	10	here.
11	biology, wouldn't you?	11	And there is no evidence
12	A. Yeah, it's a review article,	12	that ovarian cancer, or at least serous
13	but yes.	13	cancers, which is the major topic here,
14	Q. And right, a review	14	have inflammation as part of their, you
15	article. It does it's not reporting	15	know, initiation phase. And there's
16	primary research.	16	evidence against it.
17	And reading in the abstract,	17	Q. So it's your opinion that
18	talking about the hallmarks of cancer	18	inflammation does not play a role in the
19	which include sustaining proliferative	19	initiation of ovarian cancer?
20	signaling, evading growth suppressors,	20	A. Yes.
21	resisting cell death, enabling	21	Q. And you would
22	replicative immortality, inducing	22	A. In high grade serous ovarian
23	angiogenesis, and activating invasion and	23	cancer.
24	metastases.	24	Q. And you would agree that
	incustases.		Q. Tha you would agree that
	Page 111		Page 113
1	Did I read that correctly as	1	there are certainly other cancer
1 2	Did I read that correctly as far as the hallmarks?	1 2	researchers that would disagree with that
2	far as the hallmarks?	2	researchers that would disagree with that
2	far as the hallmarks? A. Yes.	2 3	researchers that would disagree with that opinion, correct? A. I don't know who
2 3 4	far as the hallmarks? A. Yes. Q. With some difficulty.	2 3 4	researchers that would disagree with that opinion, correct?
2 3 4 5	far as the hallmarks? A. Yes. Q. With some difficulty. MS. SHARKO: Wait, wait.	2 3 4 5	researchers that would disagree with that opinion, correct? A. I don't know who specifically you're talking about. But I
2 3 4 5 6	far as the hallmarks? A. Yes. Q. With some difficulty. MS. SHARKO: Wait, wait. Where are you reading from?	2 3 4 5 6	researchers that would disagree with that opinion, correct? A. I don't know who specifically you're talking about. But I would I'm happy to go over, you know,
2 3 4 5 6 7	far as the hallmarks? A. Yes. Q. With some difficulty. MS. SHARKO: Wait, wait. Where are you reading from? THE WITNESS: She's right there.	2 3 4 5 6 7	researchers that would disagree with that opinion, correct? A. I don't know who specifically you're talking about. But I would I'm happy to go over, you know, whatever particular, you know, opinion you are talking about.
2 3 4 5 6 7 8	far as the hallmarks? A. Yes. Q. With some difficulty. MS. SHARKO: Wait, wait. Where are you reading from? THE WITNESS: She's right there. MS. SHARKO: Oh, you are	2 3 4 5 6 7 8	researchers that would disagree with that opinion, correct? A. I don't know who specifically you're talking about. But I would I'm happy to go over, you know, whatever particular, you know, opinion you are talking about. Q. So you're not aware of any
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	far as the hallmarks? A. Yes. Q. With some difficulty. MS. SHARKO: Wait, wait. Where are you reading from? THE WITNESS: She's right there. MS. SHARKO: Oh, you are reading from the paper. THE WITNESS: Reading from the text. MS. SHARKO: Okay. BY DR. THOMPSON: Q. And then the next sentence, "Underlying these hallmarks are genome	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	researchers that would disagree with that opinion, correct? A. I don't know who specifically you're talking about. But I would I'm happy to go over, you know, whatever particular, you know, opinion you are talking about. Q. So you're not aware of any scientist that would have the opinion that inflammation can play a role in the pathogenesis of epithelial ovarian cancer? A. No, I didn't say that. MR. LOCKE: Objection to form.
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29 (Pages 110 to 113)

Page 114 Page 116 1 Q. I just wanted to make sure I 1 which was not possible previously. 2 2 asked the right question. And I think I DR. THOMPSON: Object as 3 did, so --3 nonresponsive. 4 4 BY DR. THOMPSON: A. Okay. There's clearly inflammation in ovarian cancer. But that 5 5 Q. Because my question was, are 6 6 doesn't mean that inflammation is there other scientists who would disagree 7 7 involved in the initiation of ovarian that inflammation does not play a role in 8 cancer, which is the issue under study 8 the pathogenesis of ovarian cancer? 9 9 here. Okay. A. Well, again, in the -- I 10 Q. And my question was about 10 don't think there's anybody who would disagree with the statement that I just 11 the initiation. 11 12 12 A. Okay. So in the context of made. Okay. 13 I think that when -- there's 13 high grade serous cancer, there is no 14 compelling evidence that there is any 14 definitely inflammatory responses to the 15 15 inflammation involved in that process. cancer. Okay. And cancer does play --16 If you look at -- we now know, and again 16 inflammation does play a role in the 17 17 this is relatively recent information. pathogenesis of ovarian cancer from the 18 But in the last 15 years or 18 standpoint of when you have a fully 19 19 developed ovarian cancer, whether there's so, it's becoming increasingly clear that 20 20 inflammation present, and to what type of there are very well-defined pre-neoplastic lesions on the fallopian inflammation will affect clinical 21 21 tube called STICs, which stands for 22 22 response and also survival. 23 serous tubular intraepithelial 23 That doesn't mean that 24 carcinomas -- and in serous tubal 24 inflammation is causal to ovarian cancer. Page 115 Page 117 1 1 intraepithelial carcinomas -- and there's And I think that's where maybe there's 2 earlier lesions that can be seen, called 2 some confusion. 3 3 STILs or p53 signatures. Q. Would you agree that carcinogenesis usually refers to, not 4 4 And those have been studied 5 pathologically by Malmberg, et al. and 5 only the initiation, but the promotion also by, you know, Dr. Shi, whose 6 6 and progression of cancer? 7 7 report -- expert report I did, has done A. Yes. But I think that, an independent -- Î read, has done an 8 8 again, the cancer is present from the 9 independent assessment. 9 standpoint once you have a STIC. So that 10 10 And if you look in those is a cancer. lesions, there's no evidence of 11 11 Q. So if there were scientists inflammation. So that's -- we know for 12 12 that did believe that inflammation plays 13 sure that those lesions are 13 a role in the pathogenesis of ovarian 14 14 cancer, not -- not limiting that to just pre-neoplastic. 15 So we have actually, since 15 the initiation, would they just be wrong? 16 the discovery of these lesions and the 16 A. I can't respond to a 17 17 underlying molecular pathogenesis that hypothetical question like that without 18 18 accompanies these lesions, we're able to seeing exactly what we're talking about. 19 19 say with quite a bit of scientific So if you want to show me the actual 20 20 confidence that they are pre-neoplastic context of the statement, I'm happy to 21 and in the case of STICs, the first stage 21 offer an opinion one way or the other 22 in ovarian cancer. 22 about that. But I can't respond to a 23 23 sort of, with respect, somewhat vague So we actually can see 24 snapshots of the initiation process, 24 hypothetical about scientists of -- that

30 (Pages 114 to 117)

	Page 118		Page 120
1	aren't specified and exactly what they	1	cancer?
2	said.	2	MS. SHARKO: Object to the
3	Q. How about other subtypes	3	form. Misstates his testimony.
4	besides serous?	4	THE WITNESS: Yeah, again,
5	A. Yeah, again, the there	5	what I said before, was there's no
6	are data that, for example, pelvic	6	question that inflammatory cells
7	inflammatory disease may be involved in	7	are involved in fully blown
8	some forms of low grade serous cancer.	8	ovarian cancer.
9	But there it's not clear if it's the	9	If you look at a full if
10	inflammation or the agent itself. And	10	I take an ovarian cancer from a
11	the recent data would suggest it's	11	patient, it will have between 20
12	probably a specific agent there as	12	and sometimes up to 85 or
13	opposed to inflammation, per se.	13	90 percent inflammatory cells.
14	Q. Back to the Hanahan article,	14	So there's no question that
15	Page 658, "Emerging Hallmarks." And his	15	the body tries to respond to the
16	paper does not deal exclusively with	16	cancer with an inflammatory
17	ovarian cancer. You'll agree, correct?	17	response. But that's not the same
18	A. Correct.	18	as saying that inflammation is
19	Q. Under the chart, "Emerging	19	involved in the pathogenesis of
20	Hallmarks," he does list it's a he?	20	ovarian cancer.
21	A. Yeah. It's	21	For example, like
22	Hanahan/Weinberg. I'm sure Bob Weinberg	22	inflammation is clearly involved
23	would be very insulted if you thought	23	in the pathogenesis of gastric
24	that he was	24	cancer caused by H. pylori.
	Page 119		Page 121
-			
1	Q. Yeah, I thought so. But	1	So you have to you know,
2	I a lot of our other papers are	2	you have to consider the
2 3	I a lot of our other papers are written by women.	2 3	you have to consider the specifics, which is why I can't
2 3 4	I a lot of our other papers are written by women. And there is an emerging	2 3 4	you have to consider the specifics, which is why I can't comment on your, you know,
2 3 4 5	I a lot of our other papers are written by women.And there is an emerging hallmark described as tumor-promoting	2 3 4 5	you have to consider the specifics, which is why I can't comment on your, you know, question about other scientists
2 3 4 5 6	 I a lot of our other papers are written by women. And there is an emerging hallmark described as tumor-promoting inflammation. And you would agree that 	2 3 4 5 6	you have to consider the specifics, which is why I can't comment on your, you know, question about other scientists and inflammation. I need to see
2 3 4 5 6 7	 I a lot of our other papers are written by women. And there is an emerging hallmark described as tumor-promoting inflammation. And you would agree that tumor-promoting inflammation is an 	2 3 4 5 6 7	you have to consider the specifics, which is why I can't comment on your, you know, question about other scientists and inflammation. I need to see the actual claim.
2 3 4 5 6	 I a lot of our other papers are written by women. And there is an emerging hallmark described as tumor-promoting inflammation. And you would agree that 	2 3 4 5 6 7 8	you have to consider the specifics, which is why I can't comment on your, you know, question about other scientists and inflammation. I need to see the actual claim. BY DR. THOMPSON:
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	Page 122		Page 124
1	are increasingly accepted to be generic	1	A. No. Again, this was a
2	constituents of tumors." That's exactly	2	general
3	what I said. Okay. They are generic	3	Q. That's a yes-no question.
4	constituents of tumors. That does not	4	You left that out of your report, right?
5	speak to the initiation event. And again	5	A. I didn't discuss it in
6	these inflammatory cells operate in	6	that in that particular place in my
7	conflicting ways, both tumor antagonizing	7	report.
8	and tumor promoting	8	Q. Okay. Let's go to another
9	MS. SHARKO: You have to	9	general cancer article.
10	read a little slower.	10	You are familiar with
11	THE WITNESS: Oh, I'm sorry.	11	Dr. Balkwill I'm sure?
12	I switch into fast mode when I'm	12	A. Yes.
13	reading.	13	Q. And Dr. Balkwill, I think,
14	MS. SHARKO: That's okay.	14	was a featured speaker at one of your
15	THE WITNESS: "These	15	conferences
16	inflammatory cells operate in	16	A. I know Fran personally.
17	conflicting ways. Both	17	Q and you know her.
18	tumor-antagonizing and	18	A. Yes.
19	tumor-promoting leukocytes can be	19	Q. Do you respect her as a
20	found in various proportions, if	20	credible scientist?
21		21	
22	not in most, all neoplastic lesions."	22	A. Yes.
23		23	DR. THOMPSON: I'm going to
	So that's that's exactly		mark Dr. Balkwill's review
24	what I said before. The cancer	24	article.
	Page 123		Page 125
1	there is no question that when you	1	(Document marked for
2	have a cancer developing, that the	2	identification as Exhibit
3	cell the body tries to respond	I -	
	cen - the body tries to respond	3	Neel-9.)
4	to it usually. And depending on	3 4	Neel-9.) MS. SHARKO: Do we have an
	to it usually. And depending on		*
4	to it usually. And depending on the nature of the response, that	4	MS. SHARKO: Do we have an Exhibit 7? This is Exhibit 9,
4 5	to it usually. And depending on the nature of the response, that response can antagonize the tumor	4 5	MS. SHARKO: Do we have an
4 5 6	to it usually. And depending on the nature of the response, that response can antagonize the tumor or it can help the tumor, because	4 5 6	MS. SHARKO: Do we have an Exhibit 7? This is Exhibit 9, right?
4 5 6 7 8	to it usually. And depending on the nature of the response, that response can antagonize the tumor or it can help the tumor, because the tumor adapts ways to respond	4 5 6 7	MS. SHARKO: Do we have an Exhibit 7? This is Exhibit 9, right? MR. ZELLERS: Yes, it should be 9. The last one was 8.
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32 (Pages 122 to 125)

		1	
	Page 126		Page 128
1	discusses the implication of these links	1	inflammation and cancer risk.
2	for cancer prevention and treatment. We	2	Cancer risk would be the
3	suggest that the inflammatory cells and	3	cause or the initiation of cancer, right?
4	cytokines found in tumors are more likely	4	A. I'm not sure what she meant
5	to contribute to tumor growth,	5	there. But generally that's true.
6	progression, and immunosuppression than	6	Q. You wouldn't refer to risk
7	they are to mount an effective host	7	of when you have a cancer that's
8	anti-tumor response. Moreover cancer	8	already there, would you?
9	susceptibility and severity may be	9	A. No, definitely not.
10	associated with functional polymorphisms	10	Q. And doctor
11	of inflammatory cytokine genes, and	11	A. But actually in the can I
12	deletion or inhibition of inflammatory	12	finish my statement?
13	cytokines inhibits development of	13	But in the context of the
14	experimental cancer.	14	fact that cancer is a genetic disease and
15	"If genetic damage is the	15	the genetic damage that causes cancer is
16	'match that lights the fire' of cancer,	16	
17	some types of inflammation may provide	17	what lights the fire, I think she's actually said that this is not involved
18	the 'fuel that feeds the flames.'"	18	in cancer initiation because this fuels
19		19	
20	Would you agree with that	20	the flames.
21	statement that Dr. Balkwill made in this	21	So if you use her own
21 22	review article?	21	language, I think it supports my position
	A. Which statement? There's a		on this subject which has actually
23	number of statements there.	23	developed much more since 2001.
24	Would I agree with all of	24	Q. And I'm looking at
	Page 127		Page 129
1	it?	1	Panel 1
1 2 3	Q. Would you agree with all of	2	A. Yes.
3	that?	3	Q some associations between
4	A. Insofar as it generally says	4	inflammation and cancer risk.
5	what's true in cancer in general, yes.	5	A. Mm-hmm.
6	Insofar as it refers to specific issues	6	Q. And it does list ovarian
7	that are raised in my report and in my	7	A. Yes, it does.
8	testimony thus far, not completely.	8	Q correct, in this chart?
9	And I would also note that	9	
9 10	And I would also note that this paper is from 2001 which basically	9	A. Mm-hmm.
10	this paper is from 2001 which basically	10	A. Mm-hmm.Q. And the inflammatory
10 11	this paper is from 2001 which basically makes it ancient history.	10 11	A. Mm-hmm. Q. And the inflammatory stimulus or condition is listed as pelvic
10 11 12	this paper is from 2001 which basically makes it ancient history. Q. And if you	10 11 12	A. Mm-hmm. Q. And the inflammatory stimulus or condition is listed as pelvic inflammatory disease, talc, tissue
10 11 12 13	this paper is from 2001 which basically makes it ancient history. Q. And if you A. Just so you can I just	10 11 12 13	A. Mm-hmm. Q. And the inflammatory stimulus or condition is listed as pelvic inflammatory disease, talc, tissue remodeling.
10 11 12 13 14	this paper is from 2001 which basically makes it ancient history. Q. And if you A. Just so you can I just complete that?	10 11 12 13 14	A. Mm-hmm. Q. And the inflammatory stimulus or condition is listed as pelvic inflammatory disease, talc, tissue remodeling. A. Mm-hmm.
10 11 12 13 14 15	this paper is from 2001 which basically makes it ancient history. Q. And if you A. Just so you can I just complete that? There's been more learned	10 11 12 13 14 15	A. Mm-hmm. Q. And the inflammatory stimulus or condition is listed as pelvic inflammatory disease, talc, tissue remodeling. A. Mm-hmm. Q. Is Dr. Balkwill wrong about
10 11 12 13 14 15	this paper is from 2001 which basically makes it ancient history. Q. And if you A. Just so you can I just complete that? There's been more learned about ovarian cancer in the last ten	10 11 12 13 14 15 16	A. Mm-hmm. Q. And the inflammatory stimulus or condition is listed as pelvic inflammatory disease, talc, tissue remodeling. A. Mm-hmm. Q. Is Dr. Balkwill wrong about that?
10 11 12 13 14 15 16	this paper is from 2001 which basically makes it ancient history. Q. And if you A. Just so you can I just complete that? There's been more learned about ovarian cancer in the last ten years than in all of reported history	10 11 12 13 14 15 16 17	A. Mm-hmm. Q. And the inflammatory stimulus or condition is listed as pelvic inflammatory disease, talc, tissue remodeling. A. Mm-hmm. Q. Is Dr. Balkwill wrong about that? A. Yes. She is incorrect
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10 11 12 13 14 15 16 17 18	this paper is from 2001 which basically makes it ancient history. Q. And if you A. Just so you can I just complete that? There's been more learned about ovarian cancer in the last ten years than in all of reported history before then. So really, citing papers from 2001 are really not relevant to	10 11 12 13 14 15 16 17 18	A. Mm-hmm. Q. And the inflammatory stimulus or condition is listed as pelvic inflammatory disease, talc, tissue remodeling. A. Mm-hmm. Q. Is Dr. Balkwill wrong about that? A. Yes. She is incorrect according to modern knowledge, yes, on those details.
10 11 12 13 14 15 16 17 18 19 20	this paper is from 2001 which basically makes it ancient history. Q. And if you A. Just so you can I just complete that? There's been more learned about ovarian cancer in the last ten years than in all of reported history before then. So really, citing papers from 2001 are really not relevant to current ovarian cancer pathogenesis or	10 11 12 13 14 15 16 17 18 19 20	A. Mm-hmm. Q. And the inflammatory stimulus or condition is listed as pelvic inflammatory disease, talc, tissue remodeling. A. Mm-hmm. Q. Is Dr. Balkwill wrong about that? A. Yes. She is incorrect according to modern knowledge, yes, on those details. Q. Despite
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10 11 12 13 14 15 16 17 18 19 20 21 22	this paper is from 2001 which basically makes it ancient history. Q. And if you A. Just so you can I just complete that? There's been more learned about ovarian cancer in the last ten years than in all of reported history before then. So really, citing papers from 2001 are really not relevant to current ovarian cancer pathogenesis or what our knowledge is of current ovarian cancer pathogenesis.	10 11 12 13 14 15 16 17 18 19 20 21 22	A. Mm-hmm. Q. And the inflammatory stimulus or condition is listed as pelvic inflammatory disease, talc, tissue remodeling. A. Mm-hmm. Q. Is Dr. Balkwill wrong about that? A. Yes. She is incorrect according to modern knowledge, yes, on those details. Q. Despite A. The tissue remodeling is probably correct. The other two are
	this paper is from 2001 which basically makes it ancient history. Q. And if you A. Just so you can I just complete that? There's been more learned about ovarian cancer in the last ten years than in all of reported history before then. So really, citing papers from 2001 are really not relevant to current ovarian cancer pathogenesis or what our knowledge is of current ovarian	10 11 12 13 14 15 16 17 18 19 20 21	A. Mm-hmm. Q. And the inflammatory stimulus or condition is listed as pelvic inflammatory disease, talc, tissue remodeling. A. Mm-hmm. Q. Is Dr. Balkwill wrong about that? A. Yes. She is incorrect according to modern knowledge, yes, on those details. Q. Despite A. The tissue remodeling is

	Page 130		Page 132
1		1	form.
2	inflammatory disease, as I already said. But that's very very recent, hasn't	2	THE WITNESS: So there's two
3	been firmly established yet.	3	questions there. Can we break
4	And, in fact, the	4	them in half?
5	conclusions of the articles that that	5	You said I've already
6	discuss the risk of pelvic inflammatory	6	testified as to this.
7	disease state that more research is is	7	What I testified to is that
8	needed.	8	I considered whatever was defined
9		9	as talc in the papers that I read.
10	And I'm actually quite interested in the recent abstract that	10	And in some cases, specific talc
11	was at last year's ACR, I want to see if	11	was defined as Johnson & Johnson
12	the paper comes out on Chlamydia	12	talc.
13	trachomata and serous cancers, because	13	
14	that would actually be quite interesting	14	In others, it was just generic talc. In still others it
15	as it would tie ovarian cancer	15	was defined as, for example, talc
16	pathogenesis to a specific agent, which	16	from Sigma.
17	has not been done before.	17	We'd have to go through
18	Q. And and	18	every single paper to see what
19		19	talc was used in the particular
20		20	study. Some of the studies also
21	that specific infectious agents are actually relevant in various cancers. So	21	
22		22	used a mixture not a mixture,
23	that would be interesting. The talc data was quite	23	but they combined perineal powders to include cornstarch. So each
24	immature in 2001 so I don't really think	24	
24	minature in 2001 so I don't reany think	24	paper is different, okay? We
	Page 131		Page 133
1	it's even relevant to discuss it at this	1	can't lump them together.
2	it's even relevant to discuss it at this point. I think that we've had many	1 2	can't lump them together. BY DR. THOMPSON:
2 3	point. I think that we've had many much more data since then. And that the		
2 3 4	point. I think that we've had many	2 3 4	BY DR. THOMPSON: Q. Okay. A. What was the second half of
2 3 4 5	point. I think that we've had many much more data since then. And that the	2 3	BY DR. THOMPSON: Q. Okay.
2 3 4 5 6	point. I think that we've had many much more data since then. And that the same data was available to IARC in 2010 and they found it not, you know, compelling.	2 3 4 5 6	BY DR. THOMPSON: Q. Okay. A. What was the second half of the question? Because I didn't catch that.
2 3 4 5 6 7	point. I think that we've had many much more data since then. And that the same data was available to IARC in 2010 and they found it not, you know, compelling. Q. And IARC 2010 reviewing	2 3 4 5	BY DR. THOMPSON: Q. Okay. A. What was the second half of the question? Because I didn't catch that. Q. Let's go on. Have you
2 3 4 5 6 7 8	point. I think that we've had many much more data since then. And that the same data was available to IARC in 2010 and they found it not, you know, compelling. Q. And IARC 2010 reviewing literature up to 2006 specifically dealt	2 3 4 5 6 7 8	BY DR. THOMPSON: Q. Okay. A. What was the second half of the question? Because I didn't catch that. Q. Let's go on. Have you talked to Dr. Balkwill about the opinions
2 3 4 5 6 7 8 9	point. I think that we've had many much more data since then. And that the same data was available to IARC in 2010 and they found it not, you know, compelling. Q. And IARC 2010 reviewing literature up to 2006 specifically dealt with non-asbestiform talc, correct?	2 3 4 5 6 7 8	BY DR. THOMPSON: Q. Okay. A. What was the second half of the question? Because I didn't catch that. Q. Let's go on. Have you talked to Dr. Balkwill about the opinions regarding talc in this paper?
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7 cancer, for which I'm very sorry. 7 Dr. B	Q. Have you spoken to
,	salkwill about her opinions in this
	A. No. I said that I hadn't.
8	Q. And when was the last time
· · · · · · · · · · · · · · · · · · ·	you spoke to her?
, , , , , , , , , , , , , , , , , , , ,	A. The last time I saw Fran was
8	ably 2015, maybe. I don't know for
r	hough. I saw her at a meeting.
	Q. Are you familiar with Simone
16 MR. LOCKE: Objection.	
	A. Well, I don't know. I have
3	e the spelling. Maybe I am and it's
	ot pronounced correctly.
20 "anyone"? 20	(Document marked for
	dentification as Exhibit
	Neel-10.) DR. THOMPSON:
by women in the genital region in 2001 24	Q. And this is another review
Page 135	Page 137
	e that will be Exhibit 10. Have
	een this article before?
3 involved in regulation in 2001, I would 3	A. I don't think so. But I
4 have done exactly what I did in this 4 know	these authors.
	Q. Okay. And are they credible
	rchers scientists in your opinion?
	A. No.
	Q. And what led you to make
, , , , , , , , , , , , , , , , , , ,	conclusion?
1 '	A. I've reviewed some papers by
7 1 1	enior author and I find them to be
12 that it's stated in this paper as an 12 very	
	Q. These authors are at M.D.
	rson Cancer Center in Houston,
15 the literature, as I did. 15 corre	-
	A. I don't know if they're
, , , , , , , , , , , , , , , , , , , ,	here. But yes. This is
	Q. That's where they wrote this
19 Q. That's pure speculation, 19 paper	
	A from 2010.
	Q. And M.D. Anderson certainly
	good reputation as a cancer center,
23 review she did? 23 corre	
	A. Well, I actually

35 (Pages 134 to 137)

	Page 138		Page 140
1		1	_
2	participated in external reviews of various programs at M.D. Anderson. And I	1 2	on the specific topic. Different things
3	find some of the scientists are good and		are developing at different times. So
4		3	the genomics, for example, the genetic
5	some of them are not very good. And I've	4	changes occurring, I would say largely
6	written that, and knowing we	5	defined in the beginning of 2012.
7	participate in a review of one of the	6	The evidence showing cell of
	departments there. So I'm pretty	7	origin is still somewhat emerging. It
8 9	familiar with the science at M.D.	8	depends on the specific details.
10	Anderson.	9	Q. So any theory or any
	It's a gigantic institution,	10	scratch that.
11 12	and the quality of the research varies	11	Any mechanism that describes
13	from laboratory to laboratory.	12	oxidative stress and inflammation as
	Q. Okay. And this article is	13	relevant to the pathogenesis of
14	titled, from 2010, "Oxidative Stress,	14	epithelial ovarian cancer is irrelevant?
15	Inflammation, and Cancer: How Are They	15	A. No, I didn't say that.
16	Linked?"	16	First of all, I think that you're
17	And in the abstract, the	17	conflating several things. Oxidative
18	authors state, "How oxidative stress	18	stress is separate from inflammation.
19	activates inflammatory pathways leading	19	They can be linked, they can be separate.
20	to transformation of a normal cell to	20	We'd have to talk about each one of them
21	tumor cell, tumor cell survival,	21	separately.
22	proliferation, chemo resistance,	22	In terms of oxidative
23	radioresistance, invasion, angiogenesis,	23	stress, the oxidative stress in most
24	and stem cell survival is the focus of	24	cases that's associated with cancer
	Page 139		Dog 141
			Page 141
1		1	
1 2	this review."	1 2	pathogenesis is coming from endogenous
	this review." Would you agree that those		pathogenesis is coming from endogenous reactive oxygen formation that's
2	this review." Would you agree that those events, starting with inflammatory	2	pathogenesis is coming from endogenous
2	this review." Would you agree that those events, starting with inflammatory pathways leading to, are hallmarks of	2 3	pathogenesis is coming from endogenous reactive oxygen formation that's catalyzed by cellular respiration through
2 3 4	this review." Would you agree that those events, starting with inflammatory	2 3 4	pathogenesis is coming from endogenous reactive oxygen formation that's catalyzed by cellular respiration through mitochondria and the uncoupling reactions that occur there.
2 3 4 5	this review." Would you agree that those events, starting with inflammatory pathways leading to, are hallmarks of carcinogenesis?	2 3 4 5	pathogenesis is coming from endogenous reactive oxygen formation that's catalyzed by cellular respiration through mitochondria and the uncoupling reactions
2 3 4 5 6	this review." Would you agree that those events, starting with inflammatory pathways leading to, are hallmarks of carcinogenesis? A. I think that as I said before, in some cancers chronic	2 3 4 5 6	pathogenesis is coming from endogenous reactive oxygen formation that's catalyzed by cellular respiration through mitochondria and the uncoupling reactions that occur there. Q. And any scientist who
2 3 4 5 6 7	this review." Would you agree that those events, starting with inflammatory pathways leading to, are hallmarks of carcinogenesis? A. I think that as I said	2 3 4 5 6 7	pathogenesis is coming from endogenous reactive oxygen formation that's catalyzed by cellular respiration through mitochondria and the uncoupling reactions that occur there. Q. And any scientist who disagrees with that is wrong?
2 3 4 5 6 7 8	this review." Would you agree that those events, starting with inflammatory pathways leading to, are hallmarks of carcinogenesis? A. I think that as I said before, in some cancers chronic inflammation is definitely part of the	2 3 4 5 6 7 8	pathogenesis is coming from endogenous reactive oxygen formation that's catalyzed by cellular respiration through mitochondria and the uncoupling reactions that occur there. Q. And any scientist who disagrees with that is wrong? A. With what?
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36 (Pages 138 to 141)

	Denjamin G. Ned	J Ι, 1·1	.D., FII.D.
	Page 142		Page 144
1	coming from mitochondrial respiration	1	closely linked."
2	endogenous mitochondrial respiration and	2	Do you agree or disagree
3	not extrinsic factors.	3	with that statement?
4	A. It depends on the specific	4	A. I agree with that for some
5	cancer and it depends on the specific	5	cancers, but I don't agree with that for
6	context.	6	all cancers.
7	For example, in the case of	7	So, again, to talk about
8	H pylori induced gastric cancer, the	8	cancer as an entity is even more
9	H pylori provokes inflammation, and the	9	irrelevant than to talk about epithelial
10	inflammation results in the immigration	10	ovarian cancer as a as an entity.
11	of immune cells and they may contribute	11	
12	to oxidative stress by producing reactive	12	It's like talking about infectious disease.
13		13	
14	oxygen species.	14	Q. Okay. And in Table 2 of
15	But in many cancers, the	15	this article, the authors include a
	reactive oxygen is coming from endogenous	1	partial list of cancers that have been
16	respiration, and one of the theories for	16	linked to reactive oxygen species. And
17	obesity and causing cancer goes through	17	ovarian cancer is listed, isn't it?
18	that.	18	A. We can look at the
19	In the case of ovarian	19	reference. I have to see what the
20	cancer, there may be there is evidence	20	reference is.
21	that is still emerging about whether	21	Q. Well, I'm just asking you if
22	follicular fluid has reactive oxygen	22	it's listed in this table.
23	species in it, and that may contribute to	23	A. It's listed in the table.
24	the incessant ovulation hypothesis.	24	Q. Okay. That was my question.
	Page 143		Page 145
1	Q. Okay. I didn't ask about	1	In your report, you list the
2	H pylori or follicular fluid.	2	differences between a risk factor and a
3	A. Well, you asked about	3	causal association, correct?
4	cancer.	4	A. Yes.
5	MS. SHARKO: You don't need	5	Q. And what are those
6	to respond to that. She's going	6	differences?
7	to ask you another question.	7	A. A causal association has
8	BY DR. THOMPSON:	8	some biological plausibility attached to
9	Q. These authors state,	9	it, a mechanistic plausibility.
10	"Overall, observations to date suggest	10	Q. And turning to Page 16 of
11	that oxidative stress, chronic	11	your report under plausibility.
12	inflammation, and cancer are closely	12	MS. SHARKO: You can't write
13	linked."	13	on the exhibits.
14	Do you agree or disagree	14	THE WITNESS: Oh, I can't
15	with that statement?	15	draw? Sorry.
16	A. I think that it depends on	16	BY DR. THOMPSON:
17	the context and that that a general	17	Q. You state, "For an agent to
18	statement like that is not necessarily	18	be adjudged the cause of cancer, there
19		19	
20	correct for any individual cancer.	20	must be a demonstration of a plausible
	Q. Well, the context is in a	1	biochemical mechanism."
21	review article about cancer in general.	21	What do you mean by
\sim	"O11 ab		
22	"Overall, observations to	22	demonstration?
23	date suggest that oxidative stress,	23	A. What do I mean by
		1	

37 (Pages 142 to 145)

	Page 146		Page 148
1	Q. Yes.	1	Bradford Hill, when originally providing
2	A. Experiment, scientific, you	2	his guidelines, did not require that the
3	know, proof. Evidence.	3	mechanism be demonstrated by
4	Q. Doesn't that mean more than	4	experimentation?
5	plausible?	5	MS. SHARKO: Well, you
6	A. No.	6	didn't read that whole the
7		7	
8	Q. Does plausible mean that	8	whole section. Right? DR. THOMPSON: I read what I
9	there has to have been an experiment demonstrating the mechanism?	9	read.
10	A. There has to be some	10	If Dr. Neel needs to read
11		11	
12	evidence that the mechanism is true, yes.	12	the whole section to answer my
13	You know, just a hypothesis is not	13	question, he can.
14	plausibility. Not biochemical	14	THE WITNESS: Yeah. This
15	plausibility.	15	was in the context I read the
	Q. So in your opinion, the		whole paper. And this was in the
16 17	plausible mechanism has to be actually	16 17	context of when you have a hazard
	demonstrated by an experiment, correct?		ratio of like, 240 to 1, like they
18	A. Yes.	18	did for chimney sweeps, then, you
19	Q. Let's look at the Bradford	19	know, the requirement for
20	Hill.	20	experiment is less.
21	I believe you used this	21	But for, you know, a series
22	reference when you were doing the	22	of epidemiological associations
23	Bradford Hill evaluation in your report?	23	which are conflicting and weak,
24	A. Which reference?	24	the biological plausibility
	Page 147		Page 149
1	Q. The Bradford Hill 1965. The	1	becomes essential.
2	original report.	2	And then also this paper was
3	A. Mm-hmm.	3	written in 1965 when cancer
4	DR. THOMPSON: And I'll go	4	biology was developed to a far
5	ahead and mark this Exhibit 11.	5	lesser extent.
6	(Document marked for	6	So I think that the general
7	identification as Exhibit	7	standard for a cancer biologist to
8	Neel-11.)	8	accept causation would require
9	BY DR. THOMPSON:	9	experiments in 2019. And I state
10	Q. Let's actually look at	10	that as an editor a member of
11	this will be Page 4, Page 298 of the	11	the editorial board of six
12	original paper.	12	journals, including the two most
13	A. Page 2. Line what?	13	prominent cancer biology journals.
14	Q. 298, under plausibility.	14	I can assure you that no one
15	A. Yep.	15	would accept a manuscript for
16	Q. And at least the Bradford	16	publication in a high quality
17	Hill framework under plausibility states,	17	journal that did not have evidence
18	"It will be helpful if the causation we	18	of biological plausibility
19	suspect is biologically plausible. But	19	supported by experiments in 2019.
20	this is a feature I am convinced we	20	BY DR. THOMPSON:
21	cannot demand. What is biologically	21	Q. I'm just asking you
22	plausible depends on the biological	22	Dr. Hill's statements regarding
23	knowledge of the day."	23	plausibility.
24			
24	Would you agree with me that	24	A. Well, I suspect Dr. Hill is

38 (Pages 146 to 149)

	Page 150		Page 152
1	no longer alive, but this is from 1965.	1	think you can find a credible scientist
2	And I don't think we should be applying	2	in the world or in the United States
3	1965 standards to 2019 science.	3	or the world who would say otherwise.
4	Q. Isn't that what you applied	4	That is generally accepted scientific
5	in your report when you did the causation	5	practice in 2019.
6	analysis?	6	Q. And that's Dr. Neel's
7	A. I applied the general	7	standard?
8	frame I applied the general framework.	8	A. No. That is generally
9	I didn't apply the every conclusion in	9	accepted scientific practice in 2019.
10	Dr. Hill's paper.	10	I'm sure that if you
11	Q. Okay.	11	know, if you asked any other significant
12	A. Standards change over time.	12	scientist in the United States, they
13	Q. But looking at Bradford	13	would agree with that statement.
14	Hill, as published in 1965, and as you	14	Q. But where can I find that
15	said, you applied in your report to some	15	published?
16	degree, you would agree that the	16	A. I don't I mean I don't
17	mechanism does not have to be proven,	17	know if it is published. But that is
18	correct?	18	generally the that is definitely the
19	A. The mechanism does not have	19	standard.
20	to be proven to say what?	20	Q. You would agree that
21	Q. To say that to be	21	plausible and demonstrable do not mean
22	causative, the mechanism for how the	22	the same thing, right?
23	agent is associated with an outcome, that	23	A. In the context of biological
24	causative, that it doesn't have to be	24	plausibility, yes, they do they do
	edusative, that it doesn't have to be		pladsfolity, yes, they do they do
	Page 151		Page 153
			rage 133
1	proven?	1	mean the same thing essentially.
2	proven? A. There has to be some	2	mean the same thing essentially. They mean experimentally
2 3	A. There has to be some evidence for it. Some some credible		mean the same thing essentially.
2 3 4	A. There has to be some	2 3 4	mean the same thing essentially. They mean experimentally demonstrated or experimentally supported. Q. Does the Bradford Hill
2 3 4 5	A. There has to be some evidence for it. Some some credible	2 3 4 5	mean the same thing essentially. They mean experimentally demonstrated or experimentally supported.
2 3 4 5 6	A. There has to be some evidence for it. Some some credible scientific evidence for which there is none in the current case. Q. Where could I find the	2 3 4 5 6	mean the same thing essentially. They mean experimentally demonstrated or experimentally supported. Q. Does the Bradford Hill analysis require the evidence to be compelling?
2 3 4 5 6 7	A. There has to be some evidence for it. Some some credible scientific evidence for which there is none in the current case. Q. Where could I find the the standard that you apply that it has	2 3 4 5 6 7	mean the same thing essentially. They mean experimentally demonstrated or experimentally supported. Q. Does the Bradford Hill analysis require the evidence to be compelling? A. I don't know what what
2 3 4 5 6 7 8	A. There has to be some evidence for it. Some some credible scientific evidence for which there is none in the current case. Q. Where could I find the the standard that you apply that it has to be demonstrated in an experiment for	2 3 4 5 6 7 8	mean the same thing essentially. They mean experimentally demonstrated or experimentally supported. Q. Does the Bradford Hill analysis require the evidence to be compelling? A. I don't know what what the Bradford Hill analysis means, whether
2 3 4 5 6 7 8 9	A. There has to be some evidence for it. Some some credible scientific evidence for which there is none in the current case. Q. Where could I find the the standard that you apply that it has to be demonstrated in an experiment for something to be causal?	2 3 4 5 6 7 8 9	mean the same thing essentially. They mean experimentally demonstrated or experimentally supported. Q. Does the Bradford Hill analysis require the evidence to be compelling? A. I don't know what what
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2 3 4 5 6 7 8 9 10	A. There has to be some evidence for it. Some some credible scientific evidence for which there is none in the current case. Q. Where could I find the the standard that you apply that it has to be demonstrated in an experiment for something to be causal? A. Where could you find that standard?	2 3 4 5 6 7 8 9 10	mean the same thing essentially. They mean experimentally demonstrated or experimentally supported. Q. Does the Bradford Hill analysis require the evidence to be compelling? A. I don't know what what the Bradford Hill analysis means, whether Bradford Hill it doesn't mean I don't know if he uses the word compelling. We can read through the
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2 3 4 5 6 7 8 9 10 11 12 13 14 15	A. There has to be some evidence for it. Some some credible scientific evidence for which there is none in the current case. Q. Where could I find the the standard that you apply that it has to be demonstrated in an experiment for something to be causal? A. Where could you find that standard? Q. Where would I find an article that says that's the standard that should be used? A. I'm telling you, I'm telling	2 3 4 5 6 7 8 9 10 11 12 13 14 15	mean the same thing essentially. They mean experimentally demonstrated or experimentally supported. Q. Does the Bradford Hill analysis require the evidence to be compelling? A. I don't know what what the Bradford Hill analysis means, whether Bradford Hill it doesn't mean I don't know if he uses the word compelling. We can read through the entire thing. Again, I want to clarify, I used the Bradford Hill framework to reach my conclusions. I didn't necessarily use
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	A. There has to be some evidence for it. Some some credible scientific evidence for which there is none in the current case. Q. Where could I find the the standard that you apply that it has to be demonstrated in an experiment for something to be causal? A. Where could you find that standard? Q. Where would I find an article that says that's the standard that should be used? A. I'm telling you, I'm telling you as a scientist who is the editor of major scientific journals and a reviewer	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	mean the same thing essentially. They mean experimentally demonstrated or experimentally supported. Q. Does the Bradford Hill analysis require the evidence to be compelling? A. I don't know what what the Bradford Hill analysis means, whether Bradford Hill it doesn't mean I don't know if he uses the word compelling. We can read through the entire thing. Again, I want to clarify, I used the Bradford Hill framework to reach my conclusions. I didn't necessarily use every single statement in Bradford Hill's paper.
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A. There has to be some evidence for it. Some some credible scientific evidence for which there is none in the current case. Q. Where could I find the the standard that you apply that it has to be demonstrated in an experiment for something to be causal? A. Where could you find that standard? Q. Where would I find an article that says that's the standard that should be used? A. I'm telling you, I'm telling you as a scientist who is the editor of major scientific journals and a reviewer for every major scientific journal, that that is the accepted standard in science.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	mean the same thing essentially. They mean experimentally demonstrated or experimentally supported. Q. Does the Bradford Hill analysis require the evidence to be compelling? A. I don't know what what the Bradford Hill analysis means, whether Bradford Hill it doesn't mean I don't know if he uses the word compelling. We can read through the entire thing. Again, I want to clarify, I used the Bradford Hill framework to reach my conclusions. I didn't necessarily use every single statement in Bradford Hill's paper. Q. I agree. But I'm just talking about the Bradford Hill
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	A. There has to be some evidence for it. Some some credible scientific evidence for which there is none in the current case. Q. Where could I find the the standard that you apply that it has to be demonstrated in an experiment for something to be causal? A. Where could you find that standard? Q. Where would I find an article that says that's the standard that should be used? A. I'm telling you, I'm telling you as a scientist who is the editor of major scientific journals and a reviewer for every major scientific journal, that that is the accepted standard in science. If you ask any major	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	mean the same thing essentially. They mean experimentally demonstrated or experimentally supported. Q. Does the Bradford Hill analysis require the evidence to be compelling? A. I don't know what what the Bradford Hill analysis means, whether Bradford Hill it doesn't mean I don't know if he uses the word compelling. We can read through the entire thing. Again, I want to clarify, I used the Bradford Hill framework to reach my conclusions. I didn't necessarily use every single statement in Bradford Hill's paper. Q. I agree. But I'm just talking about the Bradford Hill guidelines that you cited and applied in
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. There has to be some evidence for it. Some some credible scientific evidence for which there is none in the current case. Q. Where could I find the the standard that you apply that it has to be demonstrated in an experiment for something to be causal? A. Where could you find that standard? Q. Where would I find an article that says that's the standard that should be used? A. I'm telling you, I'm telling you as a scientist who is the editor of major scientific journals and a reviewer for every major scientific journal, that that is the accepted standard in science. If you ask any major scientist in the United States what is	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	mean the same thing essentially. They mean experimentally demonstrated or experimentally supported. Q. Does the Bradford Hill analysis require the evidence to be compelling? A. I don't know what what the Bradford Hill analysis means, whether Bradford Hill it doesn't mean I don't know if he uses the word compelling. We can read through the entire thing. Again, I want to clarify, I used the Bradford Hill framework to reach my conclusions. I didn't necessarily use every single statement in Bradford Hill's paper. Q. I agree. But I'm just talking about the Bradford Hill guidelines that you cited and applied in your report.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. There has to be some evidence for it. Some some credible scientific evidence for which there is none in the current case. Q. Where could I find the the standard that you apply that it has to be demonstrated in an experiment for something to be causal? A. Where could you find that standard? Q. Where would I find an article that says that's the standard that should be used? A. I'm telling you, I'm telling you as a scientist who is the editor of major scientific journals and a reviewer for every major scientific journal, that that is the accepted standard in science. If you ask any major scientist in the United States what is the accepted standard for establishing	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	mean the same thing essentially. They mean experimentally demonstrated or experimentally supported. Q. Does the Bradford Hill analysis require the evidence to be compelling? A. I don't know what what the Bradford Hill analysis means, whether Bradford Hill it doesn't mean I don't know if he uses the word compelling. We can read through the entire thing. Again, I want to clarify, I used the Bradford Hill framework to reach my conclusions. I didn't necessarily use every single statement in Bradford Hill's paper. Q. I agree. But I'm just talking about the Bradford Hill guidelines that you cited and applied in your report. A. Framework.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	A. There has to be some evidence for it. Some some credible scientific evidence for which there is none in the current case. Q. Where could I find the the standard that you apply that it has to be demonstrated in an experiment for something to be causal? A. Where could you find that standard? Q. Where would I find an article that says that's the standard that should be used? A. I'm telling you, I'm telling you as a scientist who is the editor of major scientific journals and a reviewer for every major scientific journal, that that is the accepted standard in science. If you ask any major scientist in the United States what is the accepted standard for establishing causation, they will tell you a	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	mean the same thing essentially. They mean experimentally supported. Q. Does the Bradford Hill analysis require the evidence to be compelling? A. I don't know what what the Bradford Hill analysis means, whether Bradford Hill it doesn't mean I don't know if he uses the word compelling. We can read through the entire thing. Again, I want to clarify, I used the Bradford Hill framework to reach my conclusions. I didn't necessarily use every single statement in Bradford Hill's paper. Q. I agree. But I'm just talking about the Bradford Hill guidelines that you cited and applied in your report. A. Framework. Q. Do does the Bradford Hill
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. There has to be some evidence for it. Some some credible scientific evidence for which there is none in the current case. Q. Where could I find the the standard that you apply that it has to be demonstrated in an experiment for something to be causal? A. Where could you find that standard? Q. Where would I find an article that says that's the standard that should be used? A. I'm telling you, I'm telling you as a scientist who is the editor of major scientific journals and a reviewer for every major scientific journal, that that is the accepted standard in science. If you ask any major scientist in the United States what is the accepted standard for establishing	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	mean the same thing essentially. They mean experimentally demonstrated or experimentally supported. Q. Does the Bradford Hill analysis require the evidence to be compelling? A. I don't know what what the Bradford Hill analysis means, whether Bradford Hill it doesn't mean I don't know if he uses the word compelling. We can read through the entire thing. Again, I want to clarify, I used the Bradford Hill framework to reach my conclusions. I didn't necessarily use every single statement in Bradford Hill's paper. Q. I agree. But I'm just talking about the Bradford Hill guidelines that you cited and applied in your report. A. Framework.

39 (Pages 150 to 153)

	Page 154		Page 156
1	compelling?	1	used the Bradford Hill analysis, as a
2	A. We can read through the	2	framework.
3	whole thing and see if he uses the word	3	Q. And direct and plausible
4	"compelling."	4	mean different things, right?
5	Q. Okay. Go ahead.	5	A. Direct and plausible mean
6	A. Okay.	6	different things? They clearly mean
7	Q. It would be under biological	7	different things, but they don't mean
8	plausibility. That's what we're	8	different things in the context of
9	referring to.	9	convincing scientific evidence of
10	A. Well, again, as I said	10	biological plausibility.
11	before, the this is one of the	11	Q. Okay. So in
12	criteria. If the other criteria are	12	A. The common use
13	weak, this becomes extremely important.	13	Q. In the way that you have
14	And there is no strong evidence of	14	interpreted a causation analysis, a
15	anything else.	15	plausible mechanism would need to be
16	So I don't really I don't	16	direct evidence, correct?
17	know if he uses the word "compelling" in	17	MS. SHARKO: Were you done
18	here. But in my opinion, in order to	18	with your last answer?
19	establish biological plausibility, there	19	THE WITNESS: I can answer
20	has to be compelling scientific evidence,	20	it in the context of this
21	yes.	21	question.
22	Q. Okay. All right. In your	22	Can you repeat the question
23	opinion, does a Bradford Hill analysis	23	though?
24	require the evidence to be convincing?	24	BY DR. THOMPSON:
	Page 155		Page 157
1	A. Yes. Not a Bradford Hill.	1	Q. In the way that you have
2	My analysis. I can't really comment on	2	interpreted a causation analysis, a
3	what Bradford Hill would see as the	3	plausible mechanism would need to be
4	standard.	4	direct evidence, correct?
5	As I said, I used the	5	A. It would need to be direct
6	Bradford Hill framework to frame my	6	experimental evidence.
7	report. I did not use Bradford Hill's	7	Q. Direct experimental
8	personal opinion, obviously. I used my	8	evidence.
9	scientific opinion.	9	A. Yes, yes.
10	Q. Okay. But I'm but you	10	Q. And
11	had referred to the Bradford Hill	11	A. And can I finish? I
12	analysis in your report, so I'm just	12	actually wasn't finished.
13 14	trying to understand how you used that	13 14	Q. I'm sorry.
14 15	analysis in A. As a framework.	15	A. Direct experimental evidence
16		16	that is scientifically credible that
17	Q as a framework. Did the Bradford Hill	17	there is a causal relationship between the agent and the disorder under
		18	question, whether it's neoplastic or not.
1 Q		1 70	question, whether it's heopiastic of not.
18 19	analysis require that evidence be direct?	10	O And came thing with
19	A. As I said, I used the	19	Q. And same thing with
19 20	A. As I said, I used the Bradford Hill the Bradford Hill paper	20	definitive. Does the Bradford Hill
19 20 21	A. As I said, I used the Bradford Hill the Bradford Hill paper as a framework to discuss the issues	20 21	definitive. Does the Bradford Hill framework work require that for evidence
19 20 21 22	A. As I said, I used the Bradford Hill the Bradford Hill paper as a framework to discuss the issues regarding the pathogenesis of ovarian	20 21 22	definitive. Does the Bradford Hill framework work require that for evidence to be plausible, it should be definitive?
19 20 21	A. As I said, I used the Bradford Hill the Bradford Hill paper as a framework to discuss the issues	20 21	definitive. Does the Bradford Hill framework work require that for evidence

40 (Pages 154 to 157)

	Page 158		Page 160
1	framework for addressing the issues of	1	not a risk factor for epithelial ovarian
2	causation here in my report.	2	cancer?
3	I don't know whether	3	A. That states it's not?
4	whether what was what was the word?	4	Q. Yes. An article that says
5	Credible?	5	we have reviewed the evidence and talcum
6	Q. We're on definitive.	6	powder is not a risk factor for
7	A. Definitive. In my	7	epithelial
8	professional opinion, evidence has to be	8	A. I think that it's not an
9	definitive to attribute causation. Yes.	9	established risk factor. There is no
10	And by definitive, I mean	10	there is no agreement on talc being a
11	credible scientific data to support the	11	risk factor for ovarian cancer. So it's
12	plausibility claim. And there is none in	12	not an established risk factor.
13	this case.	13	I think, you know, we can go
14	Q. Does the evidence under a	14	to my report, but I'm pretty sure
15	Bradford Hill framework for the mechanism	15	statements were made to that effect by
16	to be plausible need to be conclusive?	16	IARC, possible. They said the data
17	A. Again, I'm going to say the	17	aren't compelling. So yes.
18	same thing that I said before.	18	Q. Is it not what is it that
19	In order to have an argument	19	it's not well established, or is it not a
20	in favor of biological plausibility, the	20	risk factor?
21 22	data has to be conclusive and convincing. Bad data are of no use. Bad	21 22	A. There is no compelling evidence. There is no credible
23		23	
24	experiments are of no use. Sometimes they are of less than no use, because	24	scientific evidence that it's a risk factor. There is no consistent evidence
24	they are of less than no use, because	24	factor. There is no consistent evidence
	Page 159		Page 161
1	they are misleading.	1	that it's a risk factor. There is no
2	Q. And this is the last one.	2	agreed-upon definition that it's a risk
3	A. Sure.	3	factor.
4	Q. And I just want to	4	O Is it a possible risk
			Q. Is it a possible risk
5	understand words that you have used in	5	factor?
6	your report.	5 6	factor? A. I think that, you know, IARC
6 7	your report. A. Mm-hmm.	5 6 7	factor? A. I think that, you know, IARC considers it a possible carcinogen as of
6 7 8	your report. A. Mm-hmm. Q. Using a Bradford Hill	5 6 7 8	factor? A. I think that, you know, IARC considers it a possible carcinogen as of 2010.
6 7 8 9	your report. A. Mm-hmm. Q. Using a Bradford Hill framework, does evidence for plausibility	5 6 7 8 9	factor? A. I think that, you know, IARC considers it a possible carcinogen as of 2010. I think the evidence that's
6 7 8 9 10	your report. A. Mm-hmm. Q. Using a Bradford Hill framework, does evidence for plausibility need to be strong?	5 6 7 8 9	factor? A. I think that, you know, IARC considers it a possible carcinogen as of 2010. I think the evidence that's developed 2010 makes it less likely that
6 7 8 9 10 11	your report. A. Mm-hmm. Q. Using a Bradford Hill framework, does evidence for plausibility need to be strong? A. In my opinion, to attribute	5 6 7 8 9 10 11	factor? A. I think that, you know, IARC considers it a possible carcinogen as of 2010. I think the evidence that's developed 2010 makes it less likely that it's even possible.
6 7 8 9 10 11 12	your report. A. Mm-hmm. Q. Using a Bradford Hill framework, does evidence for plausibility need to be strong? A. In my opinion, to attribute causation of any agent to the initiation	5 6 7 8 9 10 11 12	factor? A. I think that, you know, IARC considers it a possible carcinogen as of 2010. I think the evidence that's developed 2010 makes it less likely that it's even possible. Q. Could credible scientists
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41 (Pages 158 to 161)

	Page 162		Page 164
1	opinion, they could not credibly come to	1	Do they state that?
2	that conclusion?	2	A. Actually I think you're
3	A. Not based on the evidence	3	misstating their conclusions. I'll read
4	that I reviewed and considered in my	4	their conclusions.
5	report, no.	5	Q. Well, I only
6	Q. Okay. And you have a	6	A. "However a"
7	section in your report on risk factors	7	Q. I
8	for ovarian cancer in which you discuss	8	A. You asked me a question.
9	some of them, beginning on Page 12.	9	Can I answer it?
10	You only cite one article,	10	Q. I I am reading, did I
11	and that is the Reid paper. And we'll	11	read this correctly: "Other possible
12	mark that as 12.	12	risk factors include environmental and
13	(Document marked for	13	lifestyle factors such as asbestos and
$\frac{13}{14}$	identification as Exhibit	14	talc powder exposures and cigarette
15	Neel-12.)	15	
16	*	16	smoking."
17	MS. SHARKO: Where where	17	Did I read that correctly?
	are you talking about?	18	A. Where are you reading at?
18	THE WITNESS: It's on the	19	Q. In the abstract? MS. SHARKO: So wait a
19	next page.	1	
20	MS. SHARKO: So we're not on	20	minute. You asked him a question.
21	Page 12.	21	He tried to answer it. You
22	DR. THOMPSON: Well, it	22	interrupted him.
23	begins multiple factors likely	23	DR. THOMPSON: Well, I asked
24	contribute to ovarian cancer, on	24	him
	Page 163		Page 165
1	Page 163	1	Page 165 MS. SHARKO: He gets to
1 2		1 2	
	Page 12.	1	MS. SHARKO: He gets to
2	Page 12. THE WITNESS: I got it.	2	MS. SHARKO: He gets to answer the question or you
2 3	Page 12. THE WITNESS: I got it. BY DR. THOMPSON: Q. This is the paper that you	2 3	MS. SHARKO: He gets to answer the question or you withdraw it. DR. THOMPSON: I asked him
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2 3 4 5	Page 12. THE WITNESS: I got it. BY DR. THOMPSON: Q. This is the paper that you refer to in your report as really the only paper that you that you cite on	2 3 4 5	MS. SHARKO: He gets to answer the question or you withdraw it. DR. THOMPSON: I asked him if they stated that. He did not need to tell me about something
2 3 4 5 6	Page 12. THE WITNESS: I got it. BY DR. THOMPSON: Q. This is the paper that you refer to in your report as really the only paper that you that you cite on risk factors for ovarian cancer, correct?	2 3 4 5 6	MS. SHARKO: He gets to answer the question or you withdraw it. DR. THOMPSON: I asked him if they stated that. He did not need to tell me about something else when I was asking the
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Page 12. THE WITNESS: I got it. BY DR. THOMPSON: Q. This is the paper that you refer to in your report as really the only paper that you that you cite on risk factors for ovarian cancer, correct? A. Yes, because it's the most recent comprehensive review on the subject. Q. And the authors are epidemiologists, correct? A. Yes. Q. They are not physicians, correct? A. No, but Tom Sellers is an expert in ovarian cancer epidemiology. I know him personally. He is the director of Moffitt Cancer Center in Tampa. Q. And the authors actually	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	MS. SHARKO: He gets to answer the question or you withdraw it. DR. THOMPSON: I asked him if they stated that. He did not need to tell me about something else when I was asking the question, was that stated by the authors. MS. SHARKO: You don't need to raise your voice. He's trying to answer your question. DR. THOMPSON: Okay. All right. Let's just start all over. I think the record will speak for itself. BY DR. THOMPSON: Q. Dr. Neel, do the authors state
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42 (Pages 162 to 165)

	Page 166		Page 168
1	Do the authors state:	1	So I I don't really think
2	"Other possible risk factors include	2	there's any conflict here.
3	environmental and lifestyle factors such	3	And you stated out of
4	as asbestos and talc powder exposures and	4	context what's in the abstract.
5	cigarette smoking"?	5	And and again, a lot of
6	A. Yes, that's what it says	6	times when authors are setting up
7	there. But it's out you are reading	7	a paper, they will post, you know,
8	it out of context.	8	all possibilities that are in the
9	Q. I just ask if they say that.	9	literature and then they will
10	But you didn't include in	10	reach their own conclusions.
11	your report where you use this article,	11	So for you to lift that out
12	that the authors stated that possible	12	of context is really not accurate
13	risk factors include environmental and	13	in my opinion.
14	lifestyle factors such as asbestos and	14	BY DR. THOMPSON:
15	talc exposure, did you?	15	Q. And did you review any other
16	A. The entire my entire	16	articles that discussed risk factors for
17	report was focused around talc. The	17	ovarian cancer other than the Reid paper?
18	other what I cited in this context, in	18	A. Yes, I I read multiple
19	my report, were the other claimed risk	19	papers on ovarian cancer pathogenesis,
20	factors in ovarian cancer. I was	20	but I can't tell you right now.
21	discussing the other risk factors. The	21	
22	rest of the report concerns my views on	22	I cited this one, because this is the most up-to-date comprehensive
23	talc as a risk factor. So there was no	23	view of ovarian cancer risk factors.
23 24	reason to cite it here. The entire	24	
24	reason to the it here. The entire	24	And my goal in my report was
	Page 167		Page 169
1	report concerns that.	1	not to write a review of all the risk
2	But again, I must insist	2	factors for ovarian cancer. The goal of
3	that you are taking out of context	3	my report and the topic which I'm here to
4	Dr. Reid Dr. Sellers' conclusions. I	4	testify here today on, is the role of
5	found Dr. Sellers' conclusions to be	5	tale and Johnson & Johnson products in
6	quite continent with my own based on the	6	and the possible role of talc and Johnson
7	actual section	7	& Johnson products in ovarian cancer
8	Q. And you'll have another	8	pathogenesis.
9	opportunity if Ms. Sharko wants to come	9	The entirety of my report
10	back.	10	focuses primarily on that issue. This
11	MS. SHARKO: Wait.	11	section on other risk factors was in the
12	Were you done with your	12	context of background of other issues
13	answer?	13	concerning ovarian cancer. Not whether
14	THE WITNESS: I was almost	14	or not talc was involved.
15	done. Okay.	15	Q. Okay. Let's just look at
16	MS. SHARKO: Finish your	16	some other articles relating to risk
17	answer.	17	factors
18	THE WITNESS: If one goes to	18	A. Sure.
19	Page 18 of the same paper that	19	Q and see if there are
20	you're citing, and actually reads	20	scientists that disagree with that
21	the section on asbestos and talcum	21	opinion.
22	powder, you will see that his	22	A. Well, I just want to clarify
23	opinions and mine are almost	23	again. Dr. Sellers does not
24	identical.	24	MS. SHARKO: Wait, wait,
	10011110011		The sin man of the wall,

43 (Pages 166 to 169)

	Page 170		Page 172
1	wait.	1	these authors.
2	THE WITNESS: disagree	2	Q. Okay. That wasn't the
3	with my opinion.	3	question.
4	BY DR. THOMPSON:	4	Under lifestyle factors,
5	Q. I we have moved on from	5	these authors state, "A lot of work has
6	Dr. Sellers.	6	been done to clarify the risk reduction
7	A. Okay. Well, you said other	7	of various lifestyle approaches, such as
8	scientists so I just want to get	8	alcohol, obesity, cigarette smoking and
9	Q. Well, I'm about to show	9	talc use. Some of these are subtype
10	you	10	specific, such as endometriosis,
11	A. Okay.	11	cigarette smoking and obesity, while
12	MS. SHARKO: She's going to	12	others are general risk factors.
13	ask you a new question.	13	"Use of talc in the genital
14	BY DR. THOMPSON:	14	area has consistently been shown to
15	Q. I'm going to ask you a new	15	increase the risk of ovarian cancer and,
16	question.	16	therefore, is not recommended."
17	MS. SHARKO: That was just a	17	Did I read that correctly?
18	speech.	18	A. Yes, you did.
19	THE WITNESS: Okay.	19	Q. So these authors at least do
20	MS. SHARKO: Wait for a	20	consider talc use a risk factor, correct?
21	question.	21	A. Apparently.
22	THE WITNESS: I thought that	22	Q. And and consider it a
23	was okay.	23	general risk factor, even understanding
24	MS. SHARKO: Okay.	24	that there are some risk factors that are
	Page 171		Page 173
1	There is exhibit what is	1	subtype specific, correct?
2	that, 13?	2	A. Well, I think these authors
3	(Document marked for	3	have no knowledge of modern cancer
4	identification as Exhibit	4	biology, because it's not possible to
5	Neel-13.)	5	cause the same genetic defects with a
6	BY DR. THOMPSON:	6	different agent that works by different
7	Q. And I'm handing you	7	mechanisms.
8	Exhibit 13, which comes from a textbook	8	Q. So the authors of this paper
9	titled "Cancer Prevention and Screening."	9	in your opinion are wrong?
10	And if you will turn to	10	A. Yes, in my opinion.
11	Page 337.	11	I should also can I just
12	MS. SHARKO: Do you have the	12	say one other thing about this?
		13	Q. Yes.
13	year on this?	1 73	Q. 103.
13 14	year on this? THE WITNESS: 2019. It's on	14	A. It's notable that they cite
	•	1	
14	THE WITNESS: 2019. It's on	14	A. It's notable that they cite
14 15	THE WITNESS: 2019. It's on the bottom of the first page. BY DR. THOMPSON:	14 15	A. It's notable that they cite references for alcohol, obesity and
14 15 16	THE WITNESS: 2019. It's on the bottom of the first page. BY DR. THOMPSON: Q. So you would agree that	14 15 16	A. It's notable that they cite references for alcohol, obesity and cigarette smoking, but they don't cite any references for talc use. So I can't
14 15 16 17	THE WITNESS: 2019. It's on the bottom of the first page. BY DR. THOMPSON: Q. So you would agree that A. What page please?	14 15 16 17	A. It's notable that they cite references for alcohol, obesity and cigarette smoking, but they don't cite any references for talc use. So I can't respond to
14 15 16 17 18	THE WITNESS: 2019. It's on the bottom of the first page. BY DR. THOMPSON: Q. So you would agree that A. What page please? Q. 337.	14 15 16 17 18	A. It's notable that they cite references for alcohol, obesity and cigarette smoking, but they don't cite any references for talc use. So I can't respond to Q. And there's no there's no
14 15 16 17 18	THE WITNESS: 2019. It's on the bottom of the first page. BY DR. THOMPSON: Q. So you would agree that A. What page please? Q. 337. A. Okay.	14 15 16 17 18 19	A. It's notable that they cite references for alcohol, obesity and cigarette smoking, but they don't cite any references for talc use. So I can't respond to Q. And there's no there's no question pending on the table.
14 15 16 17 18 19 20 21	THE WITNESS: 2019. It's on the bottom of the first page. BY DR. THOMPSON: Q. So you would agree that A. What page please? Q. 337. A. Okay. Q. So you'll agree that this is	14 15 16 17 18 19 20 21	A. It's notable that they cite references for alcohol, obesity and cigarette smoking, but they don't cite any references for talc use. So I can't respond to Q. And there's no there's no question pending on the table. MS. SHARKO: Let him finish.
14 15 16 17 18 19 20	THE WITNESS: 2019. It's on the bottom of the first page. BY DR. THOMPSON: Q. So you would agree that A. What page please? Q. 337. A. Okay.	14 15 16 17 18 19 20	A. It's notable that they cite references for alcohol, obesity and cigarette smoking, but they don't cite any references for talc use. So I can't respond to Q. And there's no there's no question pending on the table.

44 (Pages 170 to 173)

	Page 174		Page 176
1		1	_
1	DR. THOMPSON: There's no	1	risk factors, but I didn't cite one
2	question.	2	article about talc, which is the issue.
3	THE WITNESS: I didn't	3	Q. Dr. Neel, if you would try
4	finish my answer.	4	as best you can to answer my question.
5	MS. O'DELL: This is not his	5	A. I am answering your
6	opportunity just to speak without	6	question.
7	a question. There is no question.	7	Q. And my question was just did
8	MS. SHARKO: He was	8	you cite one article. And the answer
9	answering the question.	9	would be yes.
10	DR. THOMPSON: He was not	10	I just handed you a paper
11	answering my question.	11	MR. LOCKE: Objection.
12	MS. SHARKO: That's your	12	MS. SHARKO: You don't
13	opinion, because you don't like	13	you don't need to respond to that
14	it. Dr. Neel, finish your answer.	14	speech. Let's move on to the next
15	BY DR. THOMPSON:	15	exhibit.
16	Q. Exhibit Exhibit 14	16	DR. THOMPSON: I don't think
17	MS. SHARKO: Stop. Dr.	17	I had a question.
18	Neel, finish your answer.	18	(Document marked for
19	BY DR. THOMPSON:	19	identification as Exhibit
20	Q. Are you finished with your	20	Neel-14.)
21	question, Dr. Neel?	21	BY DR. THOMPSON:
22	A. No, I was saying	22	Q. The next article is from
23	Q. I mean your answer.	23	2012, "Ovarian Cancer Etiology, Risk
24	A in reading the piece	24	Factors, and Epidemiology."
1		1	
1	the part that you mentioned, it's notable		And these authors, turning
2	that they don't reference anything for	2	to Page 6, have a chart listing risk
3	their statement on talcuse. It would be	1 ~	
	their statement on talc use. It would be	3	factors for epithelial ovarian cancer.
4	much more helpful if we could see what	4	If you'll turn to that, it's
4 5	much more helpful if we could see what evidence they want to adduce to make	4 5	If you'll turn to that, it's on Page 6.
4 5 6	much more helpful if we could see what evidence they want to adduce to make their claim.	4 5 6	If you'll turn to that, it's on Page 6. A. Yeah I have it.
4 5 6 7	much more helpful if we could see what evidence they want to adduce to make their claim. I provided very substantial	4 5 6 7	If you'll turn to that, it's on Page 6. A. Yeah I have it. MS. SHARKO: And this is
4 5 6 7 8	much more helpful if we could see what evidence they want to adduce to make their claim. I provided very substantial evidence in support of my opinions. And	4 5 6 7 8	If you'll turn to that, it's on Page 6. A. Yeah I have it. MS. SHARKO: And this is Exhibit 14 for the record.
4 5 6 7 8 9	much more helpful if we could see what evidence they want to adduce to make their claim. I provided very substantial evidence in support of my opinions. And I've also been able to discuss them.	4 5 6 7 8 9	If you'll turn to that, it's on Page 6. A. Yeah I have it. MS. SHARKO: And this is Exhibit 14 for the record. DR. THOMPSON: Exhibit 14.
4 5 6 7 8 9	much more helpful if we could see what evidence they want to adduce to make their claim. I provided very substantial evidence in support of my opinions. And I've also been able to discuss them. This is, you know, an	4 5 6 7 8 9	If you'll turn to that, it's on Page 6. A. Yeah I have it. MS. SHARKO: And this is Exhibit 14 for the record. DR. THOMPSON: Exhibit 14. MS. SHARKO: Thank you.
4 5 6 7 8 9 10	much more helpful if we could see what evidence they want to adduce to make their claim. I provided very substantial evidence in support of my opinions. And I've also been able to discuss them. This is, you know, an isolated statement if a textbook that,	4 5 6 7 8 9 10 11	If you'll turn to that, it's on Page 6. A. Yeah I have it. MS. SHARKO: And this is Exhibit 14 for the record. DR. THOMPSON: Exhibit 14. MS. SHARKO: Thank you. BY DR. THOMPSON:
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45 (Pages 174 to 177)

	Dago 170		Page 190
	Page 178		Page 180
1	A. Yes, they	1	to any particular agent's ability to
2	Q. Okay. And so these	2	cause any kind of cancer.
3	scientists who do feel are of the	3	We know a lot and by the
4	opinion that it's a risk factor are	4	way, again, you're citing papers from
5	wrong?	5	2012. That's a lifetime ago in cancer
6	A. I don't know that they're	6	biology, and specifically in ovarian
7	scientists. I mean, they	7	cancer pathogenesis. We know much more
8	Q. They're doctors. These	8	about the cell and molecular biology of
9	doctors	9	ovarian cancer today than we did then.
10	A. There's a big difference	10	And the fact that they put
11	between a doctor and a scientist. Since	11	endometriosis in here is exemplary of
12	I have both degrees, I can state that to	12	that, because we know that endometriosis
13	a very strong degree of confidence.	13	is a risk factor only insofar as the
14	 Q. Are you saying that someone 	14	cancer is probably coming from the
15	has to have two degrees to	15	endometrial cells.
16	A. No, but I'm saying that I'm	16	Q. And let's turn
17	very familiar with the difference in the	17	A. It's a cell of origin issue.
18	training of the average physician and the	18	It's not a carcinogenesis issue.
19	average scientist and their ability to	19	Q. The next the next paper
20	evaluate scientific data, and they're not	20	that I'm going to give you is titled
21	the same.	21	"Risk Factors For Ovarian Carcinoma."
22	Q. The next one	22	(Document marked for
23	A. There are definitely	23	identification as Exhibit
24	Can I finish? There are	24	Neel-15.)
			,
	Page 179		Page 181
1	definitely physicians who are eminently	1	
	definitely physicians who are enumerity	1	BY DR. THOMPSON:
2	qualified to evaluate scientific data.	1 2	BY DR. THOMPSON: Q. And this was published in
		I	
2	qualified to evaluate scientific data.	2	Q. And this was published in
2 3	qualified to evaluate scientific data. But the average practicing physician is not able to evaluate modern molecular	2 3	Q. And this was published in 2018, correct?
2 3 4	qualified to evaluate scientific data. But the average practicing physician is	2 3 4	Q. And this was published in2018, correct?A. Mm-hmm.
2 3 4 5	qualified to evaluate scientific data. But the average practicing physician is not able to evaluate modern molecular data like the molecular biologist or	2 3 4 5	Q. And this was published in 2018, correct?A. Mm-hmm.Q. If you'll turn to Page 4.
2 3 4 5 6	qualified to evaluate scientific data. But the average practicing physician is not able to evaluate modern molecular data like the molecular biologist or cancer biologist. They're different disciplines.	2 3 4 5 6	 Q. And this was published in 2018, correct? A. Mm-hmm. Q. If you'll turn to Page 4. MS. SHARKO: So for the record, this is Exhibit 15.
2 3 4 5 6 7	qualified to evaluate scientific data. But the average practicing physician is not able to evaluate modern molecular data like the molecular biologist or cancer biologist. They're different	2 3 4 5 6 7	Q. And this was published in 2018, correct?A. Mm-hmm.Q. If you'll turn to Page 4.MS. SHARKO: So for the
2 3 4 5 6 7 8	qualified to evaluate scientific data. But the average practicing physician is not able to evaluate modern molecular data like the molecular biologist or cancer biologist. They're different disciplines. Q. If an M.D., gynecologic oncologist, who is familiar with the	2 3 4 5 6 7 8	 Q. And this was published in 2018, correct? A. Mm-hmm. Q. If you'll turn to Page 4. MS. SHARKO: So for the record, this is Exhibit 15. DR. THOMPSON: I'm sorry. Exhibit 15.
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	Page 182		Page 184
1	THE WITNESS: I'm looking at	1	Looking at the and it was
2	-	2	published in 2018?
3	it, yeah. MS. SHARKO: Okay.	3	A. Mm-hmm.
4	THE WITNESS: Mm-hmm.	4	Q. Looking at the end of the
5	BY DR. THOMPSON:	5	paper, page I don't see the page. But
6		6	at the very end before, in in
	Q. And the heading for Table 1	7	
7	is "Summary of Putative Cells of Origin	8	summary A. In the discussion?
8	and Identified Risk Factors For Specific	9	
9	Ovarian Cancer Histologic Subtypes,"		Q. In in discussion,
10	correct?	10	conclusions. It states, "In particular,
11	A. Yes.	11	talc powder use"
12	Q. And so these authors at	12	A. I'm sorry, I can't see where
13	least considered the different subtypes	13	we are.
14	when they were trying to classify the	14	Q. They
15	risk factors, correct?	15	A. Oh, I see. Okay. I got it.
16	A. Yes.	16	Q. In the last next to the
17	Q. And if you'll look in this	17	last paragraph.
18	chart under the heading Lifestyle Risk	18	"In particular, talc powder
19	Factors, "Genital powder use is included	19	use is highly prevalent in the African
20	under subtype all serous and subtype	20	American community and has been found to
21	endometrioid and subtype clear cell."	21	be associated with increased risk of
22	A. Mm-hmm.	22	ovarian cancer in this and other studies.
23	Q. Do you agree that authors	23	Indeed, regression models excluding talc
24	considered that a risk factor for those	24	use overestimated the associations in our
	Page 183		Page 185
1	Page 183 three subtypes?	1	
1 2		1 2	analysis."
	three subtypes? A. Yes.	2	analysis." Do you agree that these
2	three subtypes? A. Yes. Q. Are these authors wrong?	2 3	analysis."
2	three subtypes? A. Yes. Q. Are these authors wrong? A. Yes. And the reason they	2 3 4	analysis." Do you agree that these authors consider talc use to result in increased risk of ovarian cancer in
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	three subtypes? A. Yes. Q. Are these authors wrong? A. Yes. And the reason they are wrong is because, if you look at the mutational signature, the type of molecular causation of clear cell and endometrioid cancer, it's completely different than the molecular basis for serous ovarian cancer. One of them is caused by chromosome abnormalities in copy number variations, and the other is caused by point mutations in pathways that I've spent my entire career studying. (Document marked for identification as Exhibit Neel-16.) BY DR. THOMPSON: Q. Next, Exhibit 16. This is another paper that	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	analysis." Do you agree that these authors consider talc use to result in increased risk of ovarian cancer in African American population? A. This is yet another of many case-control studies which, you know, claim to see an association. But they are subject to the same type of recall bias and other classification bias that is prone to be found in case-control studies. The cohort studies don't show this. And they are much more reliable in my opinion. That you know, so yes, they say it, but that doesn't make it true. Q. So these authors are wrong to consider talc use a risk factor for ovarian cancer?

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	Page 186		Page 188
1	evaluating the molecular issues.	1	to be a confirmed nongenetic risk factor
2	(Document marked for	2	for ovarian cancer?
3	identification as Exhibit	3	A. They apparently do.
4	Neel-17.)	4	Q. And are these authors wrong
5	BY DR. THOMPSON:	5	as well?
6	Q. The next article is marked	6	A. Yes. And I I
7	Exhibit 17. It's a patient by Wu and her	7	Q. You didn't hesitate with
8	colleagues.	8	that opinion, did you?
9	MS. SHARKO: It's a paper.	9	A. No. Because again, if
10	DR. THOMPSON: What did I	10	you if you you're pulling out
11	say?	11	individual case-control studies. And we
12	MS. SHARKO: Patient.	12	already know that 60 percent of the
13	DR. THOMPSON: Sorry. Oh	13	case-control 67 percent of the
14	boy.	14	case-control studies reach one
15	BY DR. THOMPSON:	15	conclusion, 33 percent reach the other
16	Q. It's a paper.	16	conclusion, and all the cohort studies
17	MS. SHARKO: It's almost	17	are negative.
18	like a patient.	18	That is why if you read a
19	BY DR. THOMPSON:	19	review like Dr. Sellers' review, which is
20	Q. Let's let's ask that	20	a comprehensive review of the recent
21	question over again.	21	literature concerning risk factors, you
22	Exhibit 17 is a paper by	22	will find an opinion very similar to
23	Dr. Wu that discusses the nongenetic risk	23	mine, which is that there is no
24	factors for ovarian cancer, correct?	24	compelling evidence that talc was a
	ractors for ovarian cancer, correct.		compening evidence that the was a
	Page 187		Page 189
1	A. Mm-hmm.	1	causal is a cause of ovarian cancer.
2	Q. And under the discussion	2	And that's the basis of my opinion.
3	section of this paper, the authors state	3	This is an this is a
4	that, first paragraph, "With the high	4	single paper of a case-control study and,
5	mortality"	5	you know, that's not as strong as
6	A. Where I'm sorry, I have	6	considering the entire body of the
7	to find it.	7	evidence as I've done in my report.
8	Q. Under discussion, first	8	Q. But doctors and scientists
9	paragraph. Page 1098.	9	that have a different opinion as you've
10	"With the high mortality and	10	stated are wrong, correct?
11	the lack of effective early screening for	11	MS. SHARKO: Object to the
12	ovarian cancer, better understanding of	12	form of the question.
13	preventive risk factors is a priority.	13	THE WITNESS: In in each
14	The primary motivation for this analysis	14	individual case, I'm happy to tell
15	was to determine whether the six	15	you whether I think they are wrong
	confirmed nongenetic risk factors for	16	or not. Okay.
16			
16 17		17	Since I haven't met every
	IEOC (parity, use of oral contraceptives,	17	Since I haven't met every doctor and scientist who may have
17	IEOC (parity, use of oral contraceptives, tubal ligation, endometriosis, first		doctor and scientist who may have
17 18	IEOC (parity, use of oral contraceptives, tubal ligation, endometriosis, first degree family history of ovarian cancer,	18	doctor and scientist who may have a particular opinion, it would be
17 18 19	IEOC (parity, use of oral contraceptives, tubal ligation, endometriosis, first degree family history of ovarian cancer, and use of genital talc in non-Hispanic	18 19	doctor and scientist who may have
17 18 19 20	IEOC (parity, use of oral contraceptives, tubal ligation, endometriosis, first degree family history of ovarian cancer, and use of genital talc in non-Hispanic whites are also risk factors in Hispanics	18 19 20	doctor and scientist who may have a particular opinion, it would be inappropriate for me to say that all doctors and scientists who
17 18 19 20 21	IEOC (parity, use of oral contraceptives, tubal ligation, endometriosis, first degree family history of ovarian cancer, and use of genital talc in non-Hispanic whites are also risk factors in Hispanics and African Americans)."	18 19 20 21	doctor and scientist who may have a particular opinion, it would be inappropriate for me to say that all doctors and scientists who have a different opinion are
17 18 19 20 21 22	IEOC (parity, use of oral contraceptives, tubal ligation, endometriosis, first degree family history of ovarian cancer, and use of genital talc in non-Hispanic whites are also risk factors in Hispanics	18 19 20 21 22	doctor and scientist who may have a particular opinion, it would be inappropriate for me to say that all doctors and scientists who

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	Page 190		Page 192
1	some evidence that is convincing,	1	tale is not a risk factor for ovarian
2	I will change my opinion. Right	2	cancer. And I said that was a risk
3	now, all of the available evidence	3	factor question.
4	suggests that there is no	4	If you ask me is there any
5	association between genital talc	5	evidence that genital talc causes ovarian
6	and ovarian cancer. And some of	6	cancer, there are several papers which
7	their evidence says that there	7	argue against that and I'm happy to cite
8	isn't.	8	those.
9	So there is no evidence to	9	Q. My question was risk
10	support the case that genital talc	10	factors, so
11	application causes ovarian cancer	11	A. Okay. But you didn't ask
12	in my scientific opinion.	12	that question right before. So I was
13	BY DR. THOMPSON:	13	answering it you know, you changed
14	Q. Where is the evidence that	14	your question, which is why it's a
15	there isn't?	15	different answer.
16	A. Where is the evidence that	16	If you ask me the second
17	there isn't?	17	question I'd be happy to tell you.
18	Q. I think I asked you that	18	Q. Okay. So just to be clear,
19	before and you could not cite to an	19	the answer to the question is, is there a
20	article that said it is not a risk	20	paper that explicitly states that talcum
21	factor.	21	
22	A. I	22	powder is not a risk factor of ovarian
23		23	cancer, you don't have one to point to?
23 24	Q. So I would like for you to,	1	A. There are there are many
24	if you do have one, I would like to know	24	papers that review the literature
	Page 191		Page 193
1	what	1	Q. I need a yes or no
2	A 01 G		
_	A. Oh. So	2	A. You misstate
		2 3	
3 4	MS. SHARKO: Object. Object		Q question.
3 4	MS. SHARKO: Object. Object to the form of the question.	3	Q question. MS. SHARKO: No, no, no.
3 4 5	MS. SHARKO: Object. Object to the form of the question. Lacks foundation. Misstates his	3 4	Q question.
3 4	MS. SHARKO: Object. Object to the form of the question. Lacks foundation. Misstates his testimony and apparently asked and	3 4 5	Q question.MS. SHARKO: No, no, no.Wait. Timeout.THE WITNESS: You asked
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3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	MS. SHARKO: Object. Object to the form of the question. Lacks foundation. Misstates his testimony and apparently asked and answered since you said you asked it before. DR. THOMPSON: Well, he had a different answer. I wanted to clarify it. MS. SHARKO: I don't think so. BY DR. THOMPSON: Q. Dr Dr. Neel, do you have just so I am clear. Do you have an article that you can point to that explicitly states that talcum powder is not a risk factor for ovarian cancer? A. So that was a different question than you just asked before.	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q question. MS. SHARKO: No, no, no. Wait. Timeout. THE WITNESS: You asked DR. THOMPSON: Well, he is answering all kinds of questions that are not what I'm asking. MS. SHARKO: Well, I disagree. But you've asked your question. He's entitled to answer it. If you want to withdraw your question so be it. But you can't interrupt him because you don't DR. THOMPSON: No, I want an answer to my question. MS. SHARKO: you don't like his answer. DR. THOMPSON: Okay. Let's go back and see what the question

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	Page 194		Dago 196
1	Page 194	1	Page 196
1	Q. Just to be clear, is there a	1	BY DR. THOMPSON:
2	paper that explicitly states that talcum	2	Q. Can you point me
3	powder is not a risk factor of ovarian	3	MS. SHARKO: No. You asked
4	cancer? You don't have one to point to.	4	him that question already.
5	And his answer, is there are	5	DR. THOMPSON: But I still
6	many papers	6	haven't got an answer. I'm going
7	A. You didn't let me finish.	7	to try one more time.
8	Would you like me to finish?	8	BY DR. THOMPSON:
9	Q. Okay. Well, the question	9	Q. Can you point me to an
10	though was point me to a paper that	10	article that explicitly states that
11	explicitly states that talcum powder is	11	talcum powder is not a risk factor for
12	not a risk factor for ovarian cancer.	12	ovarian cancer?
13	A. Scientists don't generally	13	MS. SHARKO: Objection.
14	speak in that language. What they would	14	Asked and answered.
15	say is very similar to what Dr. Sellers	15	You may not like the answer,
16	said, and which most of the review	16	but you got an answer.
17	articles about this topic say and what I	17	DR. THOMPSON: Okay. The
18	say. Which is there is no credible	18	record will speak for itself that
19	scientific evidence that.	19	there is not an answer.
20	That is how scientists	20	MS. O'DELL: It was asked
21	speak. We have a language that we use,	21	but never answered. He didn't
22	just like lawyers have a language that	22	answer the question.
23	lawyers use.	23	MS. SHARKO: Okay. I
24	And in scientific credence	24	thought I thought your side
	Page 195		Page 197
1	saying that in scientific language,	1	said the rule was that only one
2	saying that there's no credible	2	lawyer can talk.
3	scientific evidence is the way we would	3	MS. O'DELL: I think the
4	state the the conclusion. And that's	4	evidence will show, the record
5	how I'm stating it. That's very similar	5	will show over depositions that
6	to how Dr. Sellers concluded it. And	6	you weren't defending, Susan, you
7	I I think that's the essence of my	7	had plenty to say, so I don't know
8	statement.	8	that I would raise that.
9	Q. So your answer would be	9	DR. THOMPSON: Including
10	you're not able to answer that question?	10	last week.
11	MR. LOCKE: Objection.	11	MS. SHARKO: So the rules
12	THE WITNESS: No, my answer	12	are that one lawyer gets to
13	is exactly what I said.	13	question the witness. So let's
14	BY DR. THOMPSON:	14	MS. O'DELL: I'm not
15	Q. Okay. We'll we'll move	15	questioning the witness. But I'm
16	on.	16	free to speak and I will speak.
17	But I don't believe I got	17	MS. SHARKO: You know what?
18	the answer to the question: Can you	18	It seems like maybe we should just
19	point me to an article that states that	19	take a lunch break and let
20	talcum powder is not a risk factor for	20	everybody simmer down.
21	ovarian cancer?	21	DR. THOMPSON: I only
22	MS. SHARKO: All right.	22	have I don't need a lunch
		1	
23	That's not a question. That's an	23	break.
23 24	That's not a question. That's an editorial comment.	23 24	break. MR. TISI: I'm going to tell

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	Page 198		Page 200
1	you, can I have that section?	1	unclear.
2	MS. SHARKO: So now we have	2	Q. What how do you define a
3	a third plaintiff's lawyer	3	carcinogen?
4	talking?	4	A. A carcinogen? A carcinogen
5	MR. TISI: No, no, no.	5	is an agent that causes cancer.
6	We're off we're not talking	6	Q. And that would include
7	about this.	7	initiation?
8	Can I have that clipped,	8	A. Mm-hmm.
9	Ms. Sharko's comment so I can use	9	Q. And promotion?
10	it in other depositions going	10	A. Probably so there's a
11	forward? Please, thank you. You	11	difference between health scientists and
12	can send me that.	12	experimental carcinogenecist would define
13	Because I expect we're going	13	a carcinogen and how the public would use
14	to need it going forward, given	14	the word carcinogen.
15	her behavior in the past.	15	In the common parlance, a
16	Thank you.	16	promotor, a tumor promoter would probably
17	DR. THOMPSON: Okay.	17	be considered a carcinogen. But in
18	MS. SHARKO: You know,	18	scientific language a carcinogen is just
19	· · · · · · · · · · · · · · · · · · ·	19	
20	Mr. Tisi, behave yourself. DR. THOMPSON: I want I	20	the initiating event. Q. But you'll agree that in
		21	
21	want to move on.	22	some context at least, scientists refer
22	MR. TISI: I I don't need	23	to a carcinogen in each of those phases?
23	to be schooled by you.		A. Yes. Mm-hmm, yes.
24	BY DR. THOMPSON:	24	Q. And is it is that
	Page 199		Page 201
			1496 201
1	Q. Is it is it your	1	
1 2	Q. Is it is it your opinion	1 2	sometimes referred to as a complete carcinogen?
	opinion		sometimes referred to as a complete
2	opinion MS. SHARKO: Yeah, because	2	sometimes referred to as a complete carcinogen? A. That's a kind of old term,
2	opinion	2 3	sometimes referred to as a complete carcinogen? A. That's a kind of old term, but yes.
2 3 4	opinion MS. SHARKO: Yeah, because you don't listen.	2 3 4	sometimes referred to as a complete carcinogen? A. That's a kind of old term, but yes. Q. I'm old.
2 3 4 5	opinion MS. SHARKO: Yeah, because you don't listen. MR. TISI: That's because that's because I wouldn't listen	2 3 4 5	sometimes referred to as a complete carcinogen? A. That's a kind of old term, but yes. Q. I'm old. MS. SHARKO: Do you want
2 3 4 5 6	opinion MS. SHARKO: Yeah, because you don't listen. MR. TISI: That's because that's because I wouldn't listen to somebody who tries to school	2 3 4 5 6	sometimes referred to as a complete carcinogen? A. That's a kind of old term, but yes. Q. I'm old. MS. SHARKO: Do you want that on the record?
2 3 4 5 6 7 8	opinion MS. SHARKO: Yeah, because you don't listen. MR. TISI: That's because that's because I wouldn't listen to somebody who tries to school me.	2 3 4 5 6 7 8	sometimes referred to as a complete carcinogen? A. That's a kind of old term, but yes. Q. I'm old. MS. SHARKO: Do you want that on the record? DR. THOMPSON: What the hey.
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	opinion MS. SHARKO: Yeah, because you don't listen. MR. TISI: That's because that's because I wouldn't listen to somebody who tries to school me. DR. THOMPSON: I really don't want to waste my time, so BY DR. THOMPSON: Q. Is it your Dr. Neel, is it your opinion that asbestos is not a risk factor for ovarian cancer? A. I don't have an opinion on asbestos in ovarian cancer. I haven't really given enough study to Q. Okay. So you don't have an opinion one way or the other as to whether asbestos A. Not not a strong opinion, no.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	sometimes referred to as a complete carcinogen? A. That's a kind of old term, but yes. Q. I'm old. MS. SHARKO: Do you want that on the record? DR. THOMPSON: What the hey. MS. SHARKO: You are not old, Margaret. DR. THOMPSON: Thank you, Susan. That's the nicest thing you've said today. MS. SHARKO: Chris will order that page too. MR. TISI: I was I was going to say. I was going to say. I was going to I wouldn't qualify it by today. I'd make it a year, but go ahead. BY DR. THOMPSON: Q. So let's go to Page 14 of your report
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	opinion MS. SHARKO: Yeah, because you don't listen. MR. TISI: That's because that's because I wouldn't listen to somebody who tries to school me. DR. THOMPSON: I really don't want to waste my time, so BY DR. THOMPSON: Q. Is it your Dr. Neel, is it your opinion that asbestos is not a risk factor for ovarian cancer? A. I don't have an opinion on asbestos in ovarian cancer. I haven't really given enough study to Q. Okay. So you don't have an opinion one way or the other as to whether asbestos A. Not not a strong opinion,	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	sometimes referred to as a complete carcinogen? A. That's a kind of old term, but yes. Q. I'm old. MS. SHARKO: Do you want that on the record? DR. THOMPSON: What the hey. MS. SHARKO: You are not old, Margaret. DR. THOMPSON: Thank you, Susan. That's the nicest thing you've said today. MS. SHARKO: Chris will order that page too. MR. TISI: I was I was going to say. I was going to say. I was going to I wouldn't qualify it by today. I'd make it a year, but go ahead. BY DR. THOMPSON: Q. So let's go to Page 14 of

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	Page 202		Page 204
1	a break. That coffee is having its	1	transformation of ovarian cancer cells or
2	effect.	2	that talc causes inflammation that's
3	Q. I'm fine breaking for lunch	3	relevant to ovarian cancer pathogenesis.
4	or	4	Q. So just to shorten that a
5	A. If it's a short question I	5	little bit, there's no credible evidence
6	can answer it.	6	that there's a plausible biological
7	MS. SHARKO: No, we don't	7	mechanism for any association between
8	want	8	A. Yes.
9	THE WITNESS: Okay.	9	Q. Let me finish, sir.
10	DR. THOMPSON: Yeah,	10	A. Sorry.
11	let's let's go this is	11	Q between just so the
12	actually a natural break so	12	record is clear
13	THE WITNESS: Okay.	13	A. Sorry.
14	MS. SHARKO: Okay.	14	Q between talcum powder use
15	THE VIDEOGRAPHER: Stand by,	15	and ovarian cancer?
16	please. The time is 11:54 a.m.	16	A. Yes. That's my testimony.
17	Off the record.	17	Q. So this morning we discussed
18		18	risk factors, cause, association. This
19	(Lunch break.)	19	afternoon I'd like to delve into that
20		20	molecular cellular mechanism a little bit
21	THE VIDEOGRAPHER: We are	21	more if that's okay.
22	back on the record. The time is	22	On Page 12 of your report,
23	1:02 p.m.	23	next to the last paragraph, you state,
24	BY DR. THOMPSON:	24	"Taken together these findings clearly
	Page 203		Page 205
1	Q. Dr. Neel, this morning you	1	show that different types of ovarian
2	testified that you are not an	2	cancer originate in different cell types
3	epidemiologist.	3	that suffer different types of mutations
4	Is it fair to say that your	4	which are unlikely to be caused by the
5	opinions in this case are focused on	5	same environmental agent."
6	whether or not there's credible evidence		
		6	Explain that sentence to me.
7	that talcum powder can cause ovarian	6 7	Explain that sentence to me. A. Okay. So there is Type 1
7 8	that talcum powder can cause ovarian cancer from a molecular standpoint?	7 8	Explain that sentence to me.
7 8 9	that talcum powder can cause ovarian cancer from a molecular standpoint? A. I would say from a molecular	7 8 9	Explain that sentence to me. A. Okay. So there is Type 1 tumors and there's Type 2 tumors, and the Type 1 tumors are caused largely by point
7 8 9 10	that talcum powder can cause ovarian cancer from a molecular standpoint? A. I would say from a molecular and and cellular standpoint.	7 8 9 10	Explain that sentence to me. A. Okay. So there is Type 1 tumors and there's Type 2 tumors, and the Type 1 tumors are caused largely by point mutations, and the Type 2 tumors are
7 8 9 10 11	that talcum powder can cause ovarian cancer from a molecular standpoint? A. I would say from a molecular and and cellular standpoint. Q. From a molecular and	7 8 9 10 11	Explain that sentence to me. A. Okay. So there is Type 1 tumors and there's Type 2 tumors, and the Type 1 tumors are caused largely by point mutations, and the Type 2 tumors are caused largely by copy number
7 8 9 10 11 12	that talcum powder can cause ovarian cancer from a molecular standpoint? A. I would say from a molecular and and cellular standpoint. Q. From a molecular and cellular standpoint?	7 8 9 10 11 12	Explain that sentence to me. A. Okay. So there is Type 1 tumors and there's Type 2 tumors, and the Type 1 tumors are caused largely by point mutations, and the Type 2 tumors are caused largely by copy number abnormalities or copy number variation
7 8 9 10 11 12 13	that talcum powder can cause ovarian cancer from a molecular standpoint? A. I would say from a molecular and and cellular standpoint. Q. From a molecular and cellular standpoint? A. Yes.	7 8 9 10 11 12 13	Explain that sentence to me. A. Okay. So there is Type 1 tumors and there's Type 2 tumors, and the Type 1 tumors are caused largely by point mutations, and the Type 2 tumors are caused largely by copy number abnormalities or copy number variation and rearrangements. And the underlying
7 8 9 10 11 12 13	that talcum powder can cause ovarian cancer from a molecular standpoint? A. I would say from a molecular and and cellular standpoint. Q. From a molecular and cellular standpoint?	7 8 9 10 11 12	Explain that sentence to me. A. Okay. So there is Type 1 tumors and there's Type 2 tumors, and the Type 1 tumors are caused largely by point mutations, and the Type 2 tumors are caused largely by copy number abnormalities or copy number variation
7 8 9 10 11 12 13 14	that talcum powder can cause ovarian cancer from a molecular standpoint? A. I would say from a molecular and and cellular standpoint. Q. From a molecular and cellular standpoint? A. Yes. Q. And it's your opinion that there's no cause and effect. But is it	7 8 9 10 11 12 13 14 15	Explain that sentence to me. A. Okay. So there is Type 1 tumors and there's Type 2 tumors, and the Type 1 tumors are caused largely by point mutations, and the Type 2 tumors are caused largely by copy number abnormalities or copy number variation and rearrangements. And the underlying
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7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	that talcum powder can cause ovarian cancer from a molecular standpoint? A. I would say from a molecular and and cellular standpoint. Q. From a molecular and cellular standpoint? A. Yes. Q. And it's your opinion that there's no cause and effect. But is it also your opinion that there's no plausible biological mechanism for any association between talcum powder use and ovarian cancer? A. I don't think there's any evidence one way or the any credible	7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Explain that sentence to me. A. Okay. So there is Type 1 tumors and there's Type 2 tumors, and the Type 1 tumors are caused largely by point mutations, and the Type 2 tumors are caused largely by copy number abnormalities or copy number variation and rearrangements. And the underlying mutagenic mechanisms that cause point mutations and the repair defects that cause point mutations are distinct from the types of mutations mutational processes that cause copy number variation and translocations. So an agent that does one kind of genetic event is not likely to

52 (Pages 202 to 205)

	Page 206		Page 208
1	what article could you direct me to that	1	and in some cases whole genome
2	would make that same claim?	2	sequencing, has so many different types
3	A. I can't cite an article	3	of mutations that you can actually
4	off that's general scientific	4	categorize the mutations according to
5	knowledge in my field. I can't cite a	5	their carcinogenic agent.
6	specific article.	6	So benzopyrenes have a
7	Q. So it's not possible in your	7	particular mutational signature. And so
8	opinion that the same environmental agent	8	you can actually see which forms of lung
9	could cause the molecular changes in both	9	cancer are caused by that signature and
10	types of cancers or more than one type of	10	which forms aren't.
11	cancer?	11	So for example, nonsmokers
12	A. It's I think I said it's	12	can get lung cancer, but smokers are
13	unlikely.	13	about 20 to 25 times more likely to get
14	Q. Oh, unlikely. So	14	cancer, and the cancers that come from
15	A. That's the word I'd like to	15	smoking have a characteristic molecular
16	stick with, unlikely.	16	signature, whereas the cancers that come
17	Q stick with unlikely.	17	from that come in nonsmokers do not
18	Okay.	18	have the character do not have the
19	A. I didn't say possible. I	19	same signature. So you can tell them
20	said unlikely.	20	apart easily.
21	Q. Okay. And I wasn't trying,	21	Q. And even different types of
22	in that case, to to trick you. I	22	cancer that are caused by smoking have
23	was I was just trying to understand	23	the that same molecular signature?
24	 A. Did you want to just tell me 	24	A. No, not all signature not
	- 00F		
	Page 207		Page 209
1	when you're trying to trick me?	1	all smoking-associated cancers have the
2		1 2	
	when you're trying to trick me? Q. Do you want me to give you a warning before it's a trick question?	l	all smoking-associated cancers have the
2	when you're trying to trick me? Q. Do you want me to give you a	2	all smoking-associated cancers have the mutational signature of smoking. Only the aerodigestive malignancies. Q. So there are some type of
2 3 4 5	when you're trying to trick me? Q. Do you want me to give you a warning before it's a trick question? A. Yeah. Maybe. Q. So how would you answer the	2 3 4 5	all smoking-associated cancers have the mutational signature of smoking. Only the aerodigestive malignancies. Q. So there are some type of lung cancer that may be caused by smoking
2 3 4 5 6	when you're trying to trick me? Q. Do you want me to give you a warning before it's a trick question? A. Yeah. Maybe.	2 3 4	all smoking-associated cancers have the mutational signature of smoking. Only the aerodigestive malignancies. Q. So there are some type of
2 3 4 5	when you're trying to trick me? Q. Do you want me to give you a warning before it's a trick question? A. Yeah. Maybe. Q. So how would you answer the	2 3 4 5	all smoking-associated cancers have the mutational signature of smoking. Only the aerodigestive malignancies. Q. So there are some type of lung cancer that may be caused by smoking that don't aren't caused by that same mutation?
2 3 4 5 6	when you're trying to trick me? Q. Do you want me to give you a warning before it's a trick question? A. Yeah. Maybe. Q. So how would you answer the question does smoking cause lung cancer?	2 3 4 5 6	all smoking-associated cancers have the mutational signature of smoking. Only the aerodigestive malignancies. Q. So there are some type of lung cancer that may be caused by smoking that don't aren't caused by that same
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	when you're trying to trick me? Q. Do you want me to give you a warning before it's a trick question? A. Yeah. Maybe. Q. So how would you answer the question does smoking cause lung cancer? A. Yes. Q. Even though there's some types of lung cancer that it may cause and there's others that it might, and it might cause more than one? A. There's Q. Is that an analogy? A. No, it's not an analogy. Actually it makes my point quite well. Because smoking causes specific types of DNA changes. So the carcinogenic agent in cigarette smoke that causes lung cancer are benzopyrenes. And there's actually a specific molecular signature this is one of the major advances that has happened in the last	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	all smoking-associated cancers have the mutational signature of smoking. Only the aerodigestive malignancies. Q. So there are some type of lung cancer that may be caused by smoking that don't aren't caused by that same mutation? A. No, no, I didn't say that. All Q. Okay. I'm just trying to understand. A. All smoking-associated lung cancers have the benzopyrene signature. I don't remember the number. They have different different there is several major groups that have been doing this work, and they have different numbers of the signatures. So actually one of the references that I cite has one of the numbering systems. So I can't tell you the number.
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	when you're trying to trick me? Q. Do you want me to give you a warning before it's a trick question? A. Yeah. Maybe. Q. So how would you answer the question does smoking cause lung cancer? A. Yes. Q. Even though there's some types of lung cancer that it may cause and there's others that it might, and it might cause more than one? A. There's Q. Is that an analogy? A. No, it's not an analogy. Actually it makes my point quite well. Because smoking causes specific types of DNA changes. So the carcinogenic agent in cigarette smoke that causes lung cancer are benzopyrenes. And there's actually a specific molecular signature this is one of the major advances that has happened in the last	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	all smoking-associated cancers have the mutational signature of smoking. Only the aerodigestive malignancies. Q. So there are some type of lung cancer that may be caused by smoking that don't aren't caused by that same mutation? A. No, no, I didn't say that. All Q. Okay. I'm just trying to understand. A. All smoking-associated lung cancers have the benzopyrene signature. I don't remember the number. They have different different there is several major groups that have been doing this work, and they have different numbers of the signatures. So actually one of the references that I cite has one of the numbering systems. So I can't tell you the number.

	Page 210		Page 212
1		1	reliable?
1 2	is the website in my report, it has a	1	
	whole section on mutational signatures	2	A. No. It's reliable insofar
3	and it tells you which ones are smoking	3	as it's epidemiological evidence one way
4	associated.	4	or another for a particular disease.
5	Q. And	5	But I should add there's
6	A. And and the so the	6	been extensive sequencing of ovarian
7	small cell lung cancer, squamous cell	7	cancers over I don't remember if it
8	lung cancer and many but not all	8	was 400 I'm blocking on whether it's
9	adenocarcinomas of the lung are caused by	9	450 or 600 cases are in the literature.
10	smoking largely.	10	It's easy to find. So it's not like
11	There are some lung cancers	11	ovarian cancer has been sequenced.
12	that are probably caused by radon and	12	That's how we know that the Type 1 tumors
13	others that are we don't know the	13	and Type 2 tumors have completely
14	pathogenesis yet.	14	different mutational profiles.
15	Q. What about when smoking is a	15	Q. Okay. Well, the second
16	cocarcinogen?	16	sentence in that paragraph is, "Studies
17	A. Yeah, so it's less	17	including epidemiological reports that
18	less what do you mean by cocarcinogen?	18	treat ovarian cancer as a single entity
19	Q. For example, you agree that	19	should, in my opinion, be viewed with
20	smoking and asbestos together cause	20	skepticism."
21	are more likely to cause cancer than	21	And I guess my question
22	either by themselves?	22	would because we have the sequencing
23	A. So smoking plus asbestos are	23	that sequencing that you're referring
24	dramatically cocarcinogenic for lung	24	to, should epidemiological studies that
	, , ,		
	Page 211		Page 213
			1496 213
1	cancer. And I don't know if there's been	1	are treating ovarian cancer as a single
1 2		1 2	
	a detailed study of smoking plus asbestos		are treating ovarian cancer as a single entity be discounted?
2	a detailed study of smoking plus asbestos lung cancer that's been sequenced.	2	are treating ovarian cancer as a single entity be discounted? A. I didn't say that.
2 3 4	a detailed study of smoking plus asbestos lung cancer that's been sequenced. But I would strongly suspect	2 3	are treating ovarian cancer as a single entity be discounted? A. I didn't say that. I said they should
2	a detailed study of smoking plus asbestos lung cancer that's been sequenced. But I would strongly suspect that mutational signature of benzopyrenes	2 3 4	are treating ovarian cancer as a single entity be discounted? A. I didn't say that. I said they should Q. Well, I'm kind of I'm
2 3 4 5 6	a detailed study of smoking plus asbestos lung cancer that's been sequenced. But I would strongly suspect that mutational signature of benzopyrenes is there. But I don't know that. I	2 3 4 5 6	are treating ovarian cancer as a single entity be discounted? A. I didn't say that. I said they should Q. Well, I'm kind of I'm sorry. I'm trying to
2 3 4 5	a detailed study of smoking plus asbestos lung cancer that's been sequenced. But I would strongly suspect that mutational signature of benzopyrenes is there. But I don't know that. I don't know if it's been done.	2 3 4 5	are treating ovarian cancer as a single entity be discounted? A. I didn't say that. I said they should Q. Well, I'm kind of I'm sorry. I'm trying to A. I stand by the wording in my
2 3 4 5 6 7 8	a detailed study of smoking plus asbestos lung cancer that's been sequenced. But I would strongly suspect that mutational signature of benzopyrenes is there. But I don't know that. I don't know if it's been done. Q. So do we need to discount	2 3 4 5 6 7 8	are treating ovarian cancer as a single entity be discounted? A. I didn't say that. I said they should Q. Well, I'm kind of I'm sorry. I'm trying to A. I stand by the wording in my report.
2 3 4 5 6 7 8 9	a detailed study of smoking plus asbestos lung cancer that's been sequenced. But I would strongly suspect that mutational signature of benzopyrenes is there. But I don't know that. I don't know if it's been done. Q. So do we need to discount any literature in which sequencing has	2 3 4 5 6 7 8 9	are treating ovarian cancer as a single entity be discounted? A. I didn't say that. I said they should Q. Well, I'm kind of I'm sorry. I'm trying to A. I stand by the wording in my report. Q. Well
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2 3 4 5 6 7 8 9 10	a detailed study of smoking plus asbestos lung cancer that's been sequenced. But I would strongly suspect that mutational signature of benzopyrenes is there. But I don't know that. I don't know if it's been done. Q. So do we need to discount any literature in which sequencing has not been done yet for any type of cancer? A. Discount it from the	2 3 4 5 6 7 8 9 10	are treating ovarian cancer as a single entity be discounted? A. I didn't say that. I said they should Q. Well, I'm kind of I'm sorry. I'm trying to A. I stand by the wording in my report. Q. Well A. They should be viewed with skepticism
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54 (Pages 210 to 213)

	Page 214		Page 216
1	cause dramatically different mutational	1	2 tumors.
2	processes leading to dramatically	2	Q. What about age?
3	distinct mutational signatures.	3	A. Well, age is age is just
4	Type 1 tumors and Type 2	4	due to the accumulation of mutations.
5	tumors originate in different cell types.	5	All mutations are more common with age.
6	That's pretty clear. And they have	6	So age is age is a contributor to all
7	dramatically different mutational	7	forms of cancer, but that's because the
8	signatures.	8	chances of accumulating the necessary
9	The fact that they have	9	mutations by any mutational process
10	different mutational signatures means	10	increase with age.
11	that they're caused by different	11	Q. What about BRCA1 and 2?
12	molecular processes.	12	A. BRCA1 and 2 are primarily
13	Therefore, it is highly	13	Type Type 2 tumors.
14	unlikely that a single agent acting via a	14	Q. And only serous?
15	single pathogenic mechanism would lead to	15	A. Well, some people would
16	distinct molecular signatures acting in	16	call, you know, the peritoneal carcinomas
17	different cells of origin.	17	and the carcinosarcomas separate. But I
18		18	
19	Q. Are there risk factors and	19	think molecularly they most people
20	protective risk factors for epithelial	20	would view them as Type 2 tumors,
	ovarian cancer that cross all types in		effectively the same as serous cancer,
21	your opinion?	21	yes.
22	A. I don't really I can't	22	Q. And you're including
23	you know, not coming to mind right away,	23	A. High grade serous, not the
24	not that I know of, no.	24	low grades.
	D 21F		D 017
	Page 215		Page 217
1	Q. So	1	Q. And you're including
2	Q. SoA. Well, so for example, let	2	
	Q. So A. Well, so for example, let me just what do you mean by all types?		Q. And you're including endometrioid and clear cell with the Type 1 tumors?
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Q. So A. Well, so for example, let me just what do you mean by all types? So for example, the you know, obesity is associated with, you know, endometrioid and clear cell. But those are the same type of pathogenic mechanisms. Q. How about the reproductive risk for protective factors, for example, parity, oral contraceptive use, that appear to apply to all subtypes, histologic subtypes, as well as Type 1 and Type 2. Would you agree? A. Yeah, I think parity probably does. But I that's not clear that could be a single entity either. That could be more than one entity. In one case, it could be incessant ovulation. In the other case, it could	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Q. And you're including endometrioid and clear cell with the Type 1 tumors? A. No. Oh, with the Type 1, yeah. Sorry. Yeah, I'm a little it's a little it's the postprandial thing. I shouldn't have eaten anything. Q. Let's go to your report on Page 14. And you begin Section 3, talc and ovarian cancer. And it looks like to me this is where you put your major opinions in bold. And it says "Opinion." In the paragraph that states, "Talc is chemically inert and nongenotoxic," you have three references there. This morning you testified that you only saw the Health Canada risk assessment yesterday and that you had not read it, correct?
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. So A. Well, so for example, let me just what do you mean by all types? So for example, the you know, obesity is associated with, you know, endometrioid and clear cell. But those are the same type of pathogenic mechanisms. Q. How about the reproductive risk for protective factors, for example, parity, oral contraceptive use, that appear to apply to all subtypes, histologic subtypes, as well as Type 1 and Type 2. Would you agree? A. Yeah, I think parity probably does. But I that's not clear that could be a single entity either. That could be more than one entity. In one case, it could be incessant ovulation. In the other case, it could be the weak it could be that both mechanisms have been purported to explain	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. And you're including endometrioid and clear cell with the Type 1 tumors? A. No. Oh, with the Type 1, yeah. Sorry. Yeah, I'm a little it's a little it's the postprandial thing. I shouldn't have eaten anything. Q. Let's go to your report on Page 14. And you begin Section 3, talc and ovarian cancer. And it looks like to me this is where you put your major opinions in bold. And it says "Opinion." In the paragraph that states, "Talc is chemically inert and nongenotoxic," you have three references there. This morning you testified that you only saw the Health Canada risk assessment yesterday and that you had not read it, correct? A. I think that I I didn't see the Health Canada actual text. I
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q. So A. Well, so for example, let me just what do you mean by all types? So for example, the you know, obesity is associated with, you know, endometrioid and clear cell. But those are the same type of pathogenic mechanisms. Q. How about the reproductive risk for protective factors, for example, parity, oral contraceptive use, that appear to apply to all subtypes, histologic subtypes, as well as Type 1 and Type 2. Would you agree? A. Yeah, I think parity probably does. But I that's not clear that could be a single entity either. That could be more than one entity. In one case, it could be incessant ovulation. In the other case, it could be the weak it could be that both	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q. And you're including endometrioid and clear cell with the Type 1 tumors? A. No. Oh, with the Type 1, yeah. Sorry. Yeah, I'm a little it's a little it's the postprandial thing. I shouldn't have eaten anything. Q. Let's go to your report on Page 14. And you begin Section 3, talc and ovarian cancer. And it looks like to me this is where you put your major opinions in bold. And it says "Opinion." In the paragraph that states, "Talc is chemically inert and nongenotoxic," you have three references there. This morning you testified that you only saw the Health Canada risk assessment yesterday and that you had not read it, correct? A. I think that I I didn't

55 (Pages 214 to 217)

	Page 218		Page 220
1	where I saw that. It might be I'm	1	could have been a little bit
2	citing the paper. I think it's the	2	Q. Yeah.
3	Taher, et al., paper. That's what I	3	A sloppy writing.
4	assume it is.	4	Q. And it says, "It focuses
5	Q. Well, that's what I'm trying	5	primarily on a meta-analysis by Taher."
6	to establish. So that when you said	6	So it but you're saying that you meant
7	Health Canada reviewed the literature,	7	Taher reviewed the literature, not Health
8	you haven't actually read the Health	8	Canada?
9	Canada assessment, right?	9	A. Yes.
10	A. I read the was it Taher?	10	Q. Okay. Let's go ahead and
11	What are you calling it?	11	mark the three documents that you
12	Q. Taher.	12	referred to in that paragraph now that we
13	A. Taher. I read the Taher, et	13	have it clear that it wasn't the Health
14	al., paper	14	Canada, it was the Taher article.
15	Q. Okay.	15	(Document marked for
16	A that said that it was	16	identification as Exhibit
17	funded by Health Canada.	17	Neel-18.)
18	Q. So that's that's wrong	18	BY DR. THOMPSON:
19	that Health Canada reviewed the	19	Q. The first is the letter that
20	literature, correct?	20	you referred to as from the FDA to
21	A. It says, "The Taher, et al.,	21	Samuel Epstein will be Exhibit 18.
22	manuscript that was funded by Health	22	DR. THOMPSON: The IARC
23	Canada."	23	Volume 93 published in 2010.
24	So that's what I'm referring	24	MS. SHARKO: No, no, no,
2 1	50 that's what I'm referring		WIS. 5111 HCTC. 140, 110, 110,
	Page 219		Page 221
1	to.	1	you're marking your notes.
2	Q. Okay. So is it your	2	DR. THOMPSON: Oh, see
3	understanding that Health Canada	3	you're looking after me.
4	commissioned Taher and his group to do a	4	MS. SHARKO: I'm watching
5	meta-analysis, and that's what Health	5	out for you.
6	Canada relied on in part on their risk	6	(Document marked for
7	assessment, correct?	7	identification as Exhibit
8	A. That's my understanding,	8	Neel-19.)
9	yes.	9	DR. THOMPSON: 19 then will
10	Q. But each time that you're	10	be the will you all take all of
11	referring to Health Canada in your	11	these.
12	report, you're actually referring to the	12	will be the IARC 2010
13	Taher paper?	13	monograph on non-asbestiform talc.
14	A. That's correct.	14	(Document marked for
15	Q. Because you have not read	15	identification as Exhibit
16	actually read the Health Canada risk	16	Neel-20.)
17	assessment?	17	DR. THOMPSON: And the third
18	A. That's correct. I read the	18	will be the Taher systematic
19	Taher, et al., manuscript, funded by	19	review and meta-analysis that was
20	Health Canada, as it says in my report.	20	commissioned by Health Canada.
		21	That's all I have with that one.
	() ()kay Well your renort	. 4.1	mais an i nave with that one.
21	Q. Okay. Well, your report		
21 22	actually says Health Canada had reviewed	22	BY DR. THOMPSON:
21 22 23	actually says Health Canada had reviewed the literature.	22 23	BY DR. THOMPSON: Q. So let's go to your first
21 22	actually says Health Canada had reviewed	22	BY DR. THOMPSON:

56 (Pages 218 to 221)

	Page 222		Page 224
1	What do you mean by	1	inflammatory reaction of some type in
2	chemically inert?	2	human
3	A. I mean it doesn't directly	3	A. It causes sorry.
4	damage in the context of this	4	Q and animal tissues?
5	statement it doesn't directly damage DNA.	5	A. It causes granulomatous
6	It doesn't cause DNA damage.	6	reactions. Some people would call that
7	Q. Is it biologically inert in	7	an inflammatory reaction. Some people
8	your opinion, or are you are you using	8	would call it a foreign body reaction.
9	those two terms interchangeably?	9	Some people just call it a granuloma.
10	A. No, I'm saying the no,	10	But it's not the kind of
11	I'm not using those terms	11	inflammation that Balkwill or Hanahan
12	interchangeably.	12	were referring to in terms of
13	Q. Okay.	13	carcinogenesis.
14	A. In the in the context	14	Q. And it certainly causes an
15	of you know, in the body it can cause	15	acute inflammatory reaction as well?
16	granulomatous inflammation or granulomas.	16	A. It causes granulomatous
17	But that's not the kind of inflammation	17	inflammation.
18	that's associated with carcinogenesis.	18	Q. When it's used for
19	But it doesn't it's	19	pleurodesis, what type of reaction is it?
20	it's chemically inert in the sense that	20	A. It's a granulomatous and
21	if you have it on the table, it's not	21	fibrotic response.
22	highly reactive with, you know, typical	22	Q. Okay. So granulomatous and
23	substances. So	23	fibrotic response.
24	Q. So	24	And what's your basis for
	4 . 50		Tild what's your ousis for
	Page 223		Page 225
	1430 220		Page 225
1	A. And if you put it on cells	1	your statement that that is not the type
2		1 2	
	A. And if you put it on cells		your statement that its not the type
2	A. And if you put it on cells it doesn't damage DNA. Q. Okay. So to you chemically inert here is being used as not directly	2	your statement that that is not the type of response that Balkwill and others are
2	A. And if you put it on cells it doesn't damage DNA. Q. Okay. So to you chemically inert here is being used as not directly damaging DNA?	2 3	your statement that that is not the type of response that Balkwill and others are talking about?
2 3 4 5 6	A. And if you put it on cells it doesn't damage DNA. Q. Okay. So to you chemically inert here is being used as not directly damaging DNA? A. Not directly or indirectly	2 3 4 5 6	your statement that that is not the type of response that Balkwill and others are talking about? A. Because the type of I'm aware of the literature about inflammation and cancer. And that's
2 3 4 5 6 7	A. And if you put it on cells it doesn't damage DNA. Q. Okay. So to you chemically inert here is being used as not directly damaging DNA? A. Not directly or indirectly damaging DNA. And that's in the context	2 3 4 5	your statement that that is not the type of response that Balkwill and others are talking about? A. Because the type of I'm aware of the literature about inflammation and cancer. And that's typically type you know, the sort of
2 3 4 5 6	A. And if you put it on cells it doesn't damage DNA. Q. Okay. So to you chemically inert here is being used as not directly damaging DNA? A. Not directly or indirectly damaging DNA. And that's in the context of this statement. But it's also	2 3 4 5 6	your statement that that is not the type of response that Balkwill and others are talking about? A. Because the type of I'm aware of the literature about inflammation and cancer. And that's typically type you know, the sort of infiltration with activated macrophages,
2 3 4 5 6 7 8 9	A. And if you put it on cells it doesn't damage DNA. Q. Okay. So to you chemically inert here is being used as not directly damaging DNA? A. Not directly or indirectly damaging DNA. And that's in the context	2 3 4 5 6 7 8	your statement that that is not the type of response that Balkwill and others are talking about? A. Because the type of I'm aware of the literature about inflammation and cancer. And that's typically type you know, the sort of
2 3 4 5 6 7 8 9	A. And if you put it on cells it doesn't damage DNA. Q. Okay. So to you chemically inert here is being used as not directly damaging DNA? A. Not directly or indirectly damaging DNA. And that's in the context of this statement. But it's also	2 3 4 5 6 7 8	your statement that that is not the type of response that Balkwill and others are talking about? A. Because the type of I'm aware of the literature about inflammation and cancer. And that's typically type you know, the sort of infiltration with activated macrophages,
2 3 4 5 6 7 8 9 10	A. And if you put it on cells it doesn't damage DNA. Q. Okay. So to you chemically inert here is being used as not directly damaging DNA? A. Not directly or indirectly damaging DNA. And that's in the context of this statement. But it's also chemically inert in the sense that it's	2 3 4 5 6 7 8 9 10	your statement that that is not the type of response that Balkwill and others are talking about? A. Because the type of I'm aware of the literature about inflammation and cancer. And that's typically type you know, the sort of infiltration with activated macrophages, infiltrated neutrophils. That's not the
2 3 4 5 6 7 8 9 10 11 12	A. And if you put it on cells it doesn't damage DNA. Q. Okay. So to you chemically inert here is being used as not directly damaging DNA? A. Not directly or indirectly damaging DNA. And that's in the context of this statement. But it's also chemically inert in the sense that it's not highly reactive with most substances. So Q. Okay. So not directly or	2 3 4 5 6 7 8 9	your statement that that is not the type of response that Balkwill and others are talking about? A. Because the type of I'm aware of the literature about inflammation and cancer. And that's typically type you know, the sort of infiltration with activated macrophages, infiltrated neutrophils. That's not the kind of thing you get in a chronic body
2 3 4 5 6 7 8 9 10 11 12 13	A. And if you put it on cells it doesn't damage DNA. Q. Okay. So to you chemically inert here is being used as not directly damaging DNA? A. Not directly or indirectly damaging DNA. And that's in the context of this statement. But it's also chemically inert in the sense that it's not highly reactive with most substances. So	2 3 4 5 6 7 8 9 10	your statement that that is not the type of response that Balkwill and others are talking about? A. Because the type of I'm aware of the literature about inflammation and cancer. And that's typically type you know, the sort of infiltration with activated macrophages, infiltrated neutrophils. That's not the kind of thing you get in a chronic body reaction.
2 3 4 5 6 7 8 9 10 11 12 13 14	A. And if you put it on cells it doesn't damage DNA. Q. Okay. So to you chemically inert here is being used as not directly damaging DNA? A. Not directly or indirectly damaging DNA. And that's in the context of this statement. But it's also chemically inert in the sense that it's not highly reactive with most substances. So Q. Okay. So not directly or	2 3 4 5 6 7 8 9 10 11 12 13 14	your statement that that is not the type of response that Balkwill and others are talking about? A. Because the type of I'm aware of the literature about inflammation and cancer. And that's typically type you know, the sort of infiltration with activated macrophages, infiltrated neutrophils. That's not the kind of thing you get in a chronic body reaction. And there's and even more
2 3 4 5 6 7 8 9 10 11 12 13 14 15	A. And if you put it on cells it doesn't damage DNA. Q. Okay. So to you chemically inert here is being used as not directly damaging DNA? A. Not directly or indirectly damaging DNA. And that's in the context of this statement. But it's also chemically inert in the sense that it's not highly reactive with most substances. So Q. Okay. So not directly or indirectly damaging DNA in the cell. And	2 3 4 5 6 7 8 9 10 11 12 13	your statement that that is not the type of response that Balkwill and others are talking about? A. Because the type of I'm aware of the literature about inflammation and cancer. And that's typically type you know, the sort of infiltration with activated macrophages, infiltrated neutrophils. That's not the kind of thing you get in a chronic body reaction. And there's and even more to the point, there's no association of
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	A. And if you put it on cells it doesn't damage DNA. Q. Okay. So to you chemically inert here is being used as not directly damaging DNA? A. Not directly or indirectly damaging DNA. And that's in the context of this statement. But it's also chemically inert in the sense that it's not highly reactive with most substances. So Q. Okay. So not directly or indirectly damaging DNA in the cell. And not reactive chemically	2 3 4 5 6 7 8 9 10 11 12 13 14	your statement that that is not the type of response that Balkwill and others are talking about? A. Because the type of I'm aware of the literature about inflammation and cancer. And that's typically type you know, the sort of infiltration with activated macrophages, infiltrated neutrophils. That's not the kind of thing you get in a chronic body reaction. And there's and even more to the point, there's no association of granulomas with ovarian cancer that has
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	A. And if you put it on cells it doesn't damage DNA. Q. Okay. So to you chemically inert here is being used as not directly damaging DNA? A. Not directly or indirectly damaging DNA. And that's in the context of this statement. But it's also chemically inert in the sense that it's not highly reactive with most substances. So Q. Okay. So not directly or indirectly damaging DNA in the cell. And not reactive chemically A. With most substances.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	your statement that that is not the type of response that Balkwill and others are talking about? A. Because the type of I'm aware of the literature about inflammation and cancer. And that's typically type you know, the sort of infiltration with activated macrophages, infiltrated neutrophils. That's not the kind of thing you get in a chronic body reaction. And there's and even more to the point, there's no association of granulomas with ovarian cancer that has been published to my knowledge.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	A. And if you put it on cells it doesn't damage DNA. Q. Okay. So to you chemically inert here is being used as not directly damaging DNA? A. Not directly or indirectly damaging DNA. And that's in the context of this statement. But it's also chemically inert in the sense that it's not highly reactive with most substances. So Q. Okay. So not directly or indirectly damaging DNA in the cell. And not reactive chemically A. With most substances. Q. With most substances, okay.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	your statement that that is not the type of response that Balkwill and others are talking about? A. Because the type of I'm aware of the literature about inflammation and cancer. And that's typically type you know, the sort of infiltration with activated macrophages, infiltrated neutrophils. That's not the kind of thing you get in a chronic body reaction. And there's and even more to the point, there's no association of granulomas with ovarian cancer that has been published to my knowledge. Q. But can you direct me to a
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	A. And if you put it on cells it doesn't damage DNA. Q. Okay. So to you chemically inert here is being used as not directly damaging DNA? A. Not directly or indirectly damaging DNA. And that's in the context of this statement. But it's also chemically inert in the sense that it's not highly reactive with most substances. So Q. Okay. So not directly or indirectly damaging DNA in the cell. And not reactive chemically A. With most substances. Q. With most substances, okay. But you would agree that	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	your statement that that is not the type of response that Balkwill and others are talking about? A. Because the type of I'm aware of the literature about inflammation and cancer. And that's typically type you know, the sort of infiltration with activated macrophages, infiltrated neutrophils. That's not the kind of thing you get in a chronic body reaction. And there's and even more to the point, there's no association of granulomas with ovarian cancer that has been published to my knowledge. Q. But can you direct me to a particular article? A. I'd have to, you know, go
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A. And if you put it on cells it doesn't damage DNA. Q. Okay. So to you chemically inert here is being used as not directly damaging DNA? A. Not directly or indirectly damaging DNA. And that's in the context of this statement. But it's also chemically inert in the sense that it's not highly reactive with most substances. So Q. Okay. So not directly or indirectly damaging DNA in the cell. And not reactive chemically A. With most substances. Q. With most substances, okay. But you would agree that it's not biologically inert?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	your statement that that is not the type of response that Balkwill and others are talking about? A. Because the type of I'm aware of the literature about inflammation and cancer. And that's typically type you know, the sort of infiltration with activated macrophages, infiltrated neutrophils. That's not the kind of thing you get in a chronic body reaction. And there's and even more to the point, there's no association of granulomas with ovarian cancer that has been published to my knowledge. Q. But can you direct me to a particular article? A. I'd have to, you know, go back and look at my literature to give
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A. And if you put it on cells it doesn't damage DNA. Q. Okay. So to you chemically inert here is being used as not directly damaging DNA? A. Not directly or indirectly damaging DNA. And that's in the context of this statement. But it's also chemically inert in the sense that it's not highly reactive with most substances. So Q. Okay. So not directly or indirectly damaging DNA in the cell. And not reactive chemically A. With most substances. Q. With most substances, okay. But you would agree that it's not biologically inert? A. No, not in certain	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	your statement that that is not the type of response that Balkwill and others are talking about? A. Because the type of I'm aware of the literature about inflammation and cancer. And that's typically type you know, the sort of infiltration with activated macrophages, infiltrated neutrophils. That's not the kind of thing you get in a chronic body reaction. And there's and even more to the point, there's no association of granulomas with ovarian cancer that has been published to my knowledge. Q. But can you direct me to a particular article? A. I'd have to, you know, go
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	A. And if you put it on cells it doesn't damage DNA. Q. Okay. So to you chemically inert here is being used as not directly damaging DNA? A. Not directly or indirectly damaging DNA. And that's in the context of this statement. But it's also chemically inert in the sense that it's not highly reactive with most substances. So Q. Okay. So not directly or indirectly damaging DNA in the cell. And not reactive chemically A. With most substances. Q. With most substances, okay. But you would agree that it's not biologically inert? A. No, not in certain locations. It can cause it's a	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	your statement that that is not the type of response that Balkwill and others are talking about? A. Because the type of I'm aware of the literature about inflammation and cancer. And that's typically type you know, the sort of infiltration with activated macrophages, infiltrated neutrophils. That's not the kind of thing you get in a chronic body reaction. And there's and even more to the point, there's no association of granulomas with ovarian cancer that has been published to my knowledge. Q. But can you direct me to a particular article? A. I'd have to, you know, go back and look at my literature to give you a I can't give you that offhand.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. And if you put it on cells it doesn't damage DNA. Q. Okay. So to you chemically inert here is being used as not directly damaging DNA? A. Not directly or indirectly damaging DNA. And that's in the context of this statement. But it's also chemically inert in the sense that it's not highly reactive with most substances. So Q. Okay. So not directly or indirectly damaging DNA in the cell. And not reactive chemically A. With most substances. Q. With most substances, okay. But you would agree that it's not biologically inert? A. No, not in certain locations. It can cause it's a foreign body and it can cause a foreign	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	your statement that that is not the type of response that Balkwill and others are talking about? A. Because the type of I'm aware of the literature about inflammation and cancer. And that's typically type you know, the sort of infiltration with activated macrophages, infiltrated neutrophils. That's not the kind of thing you get in a chronic body reaction. And there's and even more to the point, there's no association of granulomas with ovarian cancer that has been published to my knowledge. Q. But can you direct me to a particular article? A. I'd have to, you know, go back and look at my literature to give you a I can't give you that offhand. But it's general knowledge that granulomas are not associated with
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. And if you put it on cells it doesn't damage DNA. Q. Okay. So to you chemically inert here is being used as not directly damaging DNA? A. Not directly or indirectly damaging DNA. And that's in the context of this statement. But it's also chemically inert in the sense that it's not highly reactive with most substances. So Q. Okay. So not directly or indirectly damaging DNA in the cell. And not reactive chemically A. With most substances. Q. With most substances. Q. With most substances, okay. But you would agree that it's not biologically inert? A. No, not in certain locations. It can cause it's a foreign body and it can cause a foreign body reaction.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	your statement that that is not the type of response that Balkwill and others are talking about? A. Because the type of I'm aware of the literature about inflammation and cancer. And that's typically type you know, the sort of infiltration with activated macrophages, infiltrated neutrophils. That's not the kind of thing you get in a chronic body reaction. And there's and even more to the point, there's no association of granulomas with ovarian cancer that has been published to my knowledge. Q. But can you direct me to a particular article? A. I'd have to, you know, go back and look at my literature to give you a I can't give you that offhand. But it's general knowledge

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	Page 226		Page 228
1	granulomas and granulomas caused by talc	1	form. Misstates the testimony.
2	are well reported in ovarian pathology?	2	THE WITNESS: Can you repeat
3	A. No, I would not agree with	3	the question?
4	that at all. Absolutely not.	4	BY DR. THOMPSON:
5	Q. You are telling me that talc	5	Q. Well, let me just ask it.
6	granulomas are not reported in ovarian	6	Is is fibrous talc chemically inert?
7	tissue?	7	A. I I have no specific
8	A. Not to my knowledge. And,	8	opinion on fibrous talc. My opinions
9	in fact, the case the literature that	9	are are related to the talc that was
10	I cited in my report, I'd have to pull	10	used in the papers that I reviewed and
11	out the exact references, reported talc	11	the epidemiological studies that I
12	particles in the ovary with no associated	12	reviewed. And whatever is in those
13	granulomatous inflammation.	13	products my opinion relates to.
14	Q. Have you looked at a GYN	14	Q. Okay. Is asbestos
15	pathology textbook lately?	15	chemically inert, or do you not have an
16	A. I would have no occasion to	16	opinion?
17	look at a GYN pathology textbook.	17	A. I have an opinion it's
18	Q. Would it surprise you if	18	it's not cellularly inert. But I don't
19	virtually every GYN pathology textbook	19	have I don't have a great deal of
20	would have a section on foreign body	20	detailed knowledge on asbestos
21	granulomas including tale?	21	pathogenesis. That's not the topic of my
22	A. I would have to look at	22	research and that's not the topic of my
23	exactly what you're talking about.	23	analysis for the purposes of this report.
24	Q. I didn't bring a textbook	24	Q. So for this case you are not
	Page 227		Page 229
1		1	
1 2	but I do have an example.	1 2	going to be giving opinions as to the cellular effects of asbestos; is that
1 2 3			going to be giving opinions as to the
2	but I do have an example. Do those opinions that, in	2	going to be giving opinions as to the cellular effects of asbestos; is that
2 3 4	but I do have an example. Do those opinions that, in your words, talc is chemically inert, apply to Johnson's Baby Powder in your	2 3	going to be giving opinions as to the cellular effects of asbestos; is that fair to say?
2 3	but I do have an example. Do those opinions that, in your words, talc is chemically inert,	2 3 4	going to be giving opinions as to the cellular effects of asbestos; is that fair to say? A. That's correct.
2 3 4 5	but I do have an example. Do those opinions that, in your words, talc is chemically inert, apply to Johnson's Baby Powder in your opinion?	2 3 4 5	going to be giving opinions as to the cellular effects of asbestos; is that fair to say? A. That's correct. (Document marked for
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58 (Pages 226 to 229)

	Page 230		Page 232
1	Does that sound like a fair	1	BY DR. THOMPSON:
2	summary of this paper?	2	Q. Well Group 3 had granulomas.
3	A. Well, I don't know. I'd	3	Group 4 had a foreign body.
4	have to sit here and read it to really be	4	A. There's nothing in there
5	•	5	
6	clear.	6	that says that that's caused by talc.
	I mean, you know, I'm not		MS. SHARKO: If we're going
7	going to be able to accept your	7	to use the paper, why don't you
8	conclusions without reading the whole	8	BY DR. THOMPSON:
9 10	paper.	9	Q. Okay. Go ahead and take
	Do you want me to read the	10	go ahead and take a minute to review it.
11	paper?	11	A. All right. There's I
12	Q. Probably not. Let's see if	12	mean there's no evidence that this is
13	we can just find a summary statement	13	there's nothing that says that it's
14	that's not mine, that's the authors.	14	caused by talc.
15	A. Well, I'm not going to agree	15	MS. SHARKO: Wait. First,
16	until I read the whole paper. Because	16	read the paper. Then she'll ask
17	the summary statement would be their	17	you a question. Okay. There's no
18	opinions of the data, not mine.	18	question pending. I don't think.
19	Q. Okay. Do you agree that	19	DR. THOMPSON: I don't think
20	this paper reports foreign body	20	so either. But I'm not sure.
21	granulomas in normal ovaries from Johns	21	MS. SHARKO: Okay. Well if
22	Hopkins?	22	there is, you'll ask it again.
23	A. That's the title of, but I	23	BY DR. THOMPSON:
24	mean, just that's the title of the	24	Q. So did this article report
	Page 231		7 022
	1490 231		Page 233
1	paper. But again I just want to just	1	on foreign body granulomas that, when
2		1 2	
2 3	paper. But again I just want to just		on foreign body granulomas that, when
2	paper. But again I just want to just in casually pursuing it, cases, on the	2	on foreign body granulomas that, when tested using computer-assisted x-ray
2 3	paper. But again I just want to just in casually pursuing it, cases, on the first page, it says, "Cases in which	2 3	on foreign body granulomas that, when tested using computer-assisted x-ray analysis of the crystalline foreign body,
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	paper. But again I just want to just in casually pursuing it, cases, on the first page, it says, "Cases in which there were foci of reticular stroma with or without inflammation" oh, sorry. Q. Yeah. A. "Cases in which there were foci of reticular stroma with or without inflammation that have been classically referred to as 'cortical granulomas' but have been referred to as endometriosis by others." And in cases, and then these giant cell ones which may be cortical which may be, you know, granulomas. But there's it seems Q. Well, Group Group 3 MS. SHARKO: Let him finish. He said, "but there." THE WITNESS: Group 3 says has been described I'm not a	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	on foreign body granulomas that, when tested using computer-assisted x-ray analysis of the crystalline foreign body, they were determined to be composed largely of magnesium and silicone. A. Yes. Okay. Well, that's what the paper says. I am not an expert in how one decides what a particle is. So I can't comment whether this is consistent with talc or not. Q. Okay. A. But I will can I finish? I will notice that 44 percent of these patients had a previous laparotomy a previous laparotomy so that raised they could have gotten from talc from the talcum powder in the surgical gloves which was probably present at the time. So this is you know, I don't think it's questionable that talc

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	Page 234		Page 236
1	this paper that I can see from my reading	1	cobalt?
2	that perineal talc causes granulomas in	2	A. As again, my opinions are
3	the ovary.	3	based on and restricted to the talc that
4	Q. But talc can cause granuloma	4	was used in the papers that I reviewed
5	in the ovary, correct?	5	and epidemiological studies that I
6	A. I think that's yeah, talc	6	commented on in my report. So I can't
7	can definitely cause granulomas probably	7	comment on any of these other questions
8	in many body cavities, but I just to	8	involving heavy metals or stuff like
9	can I also can I finish, please?	9	that.
10	Q. There's no question on the	10	Q. I understand. But I'm going
11	table.	11	to ask them regardless.
12	A. You just asked a question.	12	A. That's fine.
13	Q. Well, you answered it.	13	Q. So be patient.
14	A. No.	14	A. I'm patient.
15	MS. SHARKO: You can no.	15	Q. So it's really irrelevant to
16	Finish your answer.	16	you whether or not talcum powder products
17	THE WITNESS: The finishing	17	like Johnson's Baby Powder contain heavy
18	of my answer is that I think the	18	metals?
19	relevant point is foreign body	19	A. It's irrelevant to me in the
20	granulomas in normal ovaries,	20	context of whether they cause ovarian
21	there's absolutely no evidence in	21	cancer, because I'm basing my opinion on
22	these ovaries of pre neoplastic	22	the biological experiments using said
23	changes. So I think this actually	23	products and the epidemiological studies
24	strongly supports my argument. It	24	that included or were focused on mainly
	strongly supports my argument. It		
	Page 235		Page 237
1	Page 235	_	Page 237
1	doesn't argue against it.	1	the use of said products.
2	doesn't argue against it. BY DR. THOMPSON:	2	the use of said products. Q. And it's irrelevant as far
2 3	doesn't argue against it. BY DR. THOMPSON: Q. Are there pre-neoplastic	2 3	the use of said products. Q. And it's irrelevant as far as a biologically plausible mechanism as
2 3 4	doesn't argue against it. BY DR. THOMPSON: Q. Are there pre-neoplastic changes that can be observed in ovaries?	2 3 4	the use of said products. Q. And it's irrelevant as far as a biologically plausible mechanism as well. Would you agree with that
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2 3 4 5 6 7	doesn't argue against it. BY DR. THOMPSON: Q. Are there pre-neoplastic changes that can be observed in ovaries? A. In ovaries, yes. Q. What are those? A. So some cortical inclusion	2 3 4 5 6 7	the use of said products. Q. And it's irrelevant as far as a biologically plausible mechanism as well. Would you agree with that statement? A. My evidence my statement on biological plausibility is based on
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	Page 238		Page 240
1	as to whether styrene, cumarin, eugenol,	1	products are chemically inert?
2	d-limonene, p-Cresol, musk ketone, and	2	A. No, I
3	benzophenone, which are all possible or	3	MS. SHARKO: Objection.
4	known carcinogen, would render talcum	4	Asked and answered.
5	powder not chemically inert?	5	THE WITNESS: As I explained
6	MS. SHARKO: Object to the	6	this morning it's impossible for
7	form of the question.	7	me to do any experiments under the
8	BY DR. THOMPSON:	8	conditions of my contractual
9	Q. Did you understand the	9	obligation to be an expert witness
10	question?	10	in this case.
11	A. That was sort of a double	11	So, no, I did not perform
12	negative.	12	any experiments, nor do I plan to.
13	Q. It was.	13	BY DR. THOMPSON:
14	A. I'm trying to parse it.	14	 Q. Can you refer me to studies
15	And, you know	15	that explicitly state that Johnson's Baby
16	Q. Fair enough.	16	Powder and Shower to Shower products are
17	A my blood sugar dropped	17	chemically inert?
18	after lunch.	18	A. No, I cannot refer you to
19	Q. Right.	19	studies that state that.
20	A. It's hard enough.	20	Q. Regarding your opinion, talc
21	Q. Are chemicals such as	21	does not cause mutations, you describe in
22	that are known to be possible or	22	your report that cancer is a disease that
23	suspected carcinogens are chemicals	23	involves mutations and specific genes,
24	like styrene, cumarin, eugenol,	24	right?
	Page 239		Page 241
1	d-limonene, p-Cresol, musk ketone, and	1	A. Yes.
2	benzophenone chemically inert?	2	Q. And
3	MS. SHARKO: I object to the	3	A. Where are we in my report,
4	form of the question. It lacks	4	please, so I can follow along.
5	foundation and it assumes facts	5	Q. We're still on Page 14 with
6	not in evidence.		Q. We'le still on lage 14 with
		6	those opinions
7	THE WITNESS: I am not a	6 7	
			those opinions A. Oh, okay. All right.
7	THE WITNESS: I am not a	7 8 9	those opinions A. Oh, okay. All right.
7 8	THE WITNESS: I am not a toxicologist. So I can't comment on any of those specific chemicals.	7 8	those opinions A. Oh, okay. All right. Q opinions in bold? A. I see. Sorry, yeah. Q. Do you agree that
7 8 9 10 11	THE WITNESS: I am not a toxicologist. So I can't comment on any of those specific	7 8 9 10 11	those opinions A. Oh, okay. All right. Q opinions in bold? A. I see. Sorry, yeah.
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	Page 242		Page 244
1	carcinogenesis that includes initiation	1	epidemiological studies can address that
2	and promotion, can you agree that	2	question directly.
3	carcinogen can either be genotoxic or	3	Q. That that was yeah.
4	non-genotoxic?	4	That answered my question. Thanks.
5	A. Yes.	5	A. I well, not standard
6	Q. But your opinion is for	6	epidemiological studies. New types of
7	initiation purposes, that carcinogens	7	epidemiological approaches could in
8	have to be genotoxic; is that correct?	8	principle do that. But that would be a
9	A. Yes.	9	new approach.
10		10	
11	Q. And you are 100 percent confident in that opinion?	11	Q. So you're really referring
12		12	to the cellular studies when you give the
13	A. They have to be directly or	13	opinion that talc does not cause
14	indirectly genotoxic. They have to cause	14	mutation, correct?
	damage to DNA, otherwise they are not		A. Yes. And the fact that it
15	carcinogens.	15	was tested in the Ames test for example,
16	Q. And what do you what do	16	and other standard toxicity tests.
17	you mean by indirectly genotoxic?	17	Q. I'll get to that in a
18	A. If they indirectly cause	18	minute.
19	reactive oxygen generation and the	19	Does that opinion apply to
20	reactive oxygen species cause the	20	asbestos?
21	cause the mutations, that would be	21	A. I have no opinion
22	indirectly genotoxic.	22	specifically on asbestos, as I told you
23	Q. Wouldn't wouldn't some	23	earlier.
24	scientists refer to that indirect	24	Q. And same thing with talc
	Page 243		Page 245
1	mechanism as non-genotoxic?	1	fiber or fibrous talc?
2	A. I I can't comment on what	2	A. Again, as I said earlier, my
3	other scientists would refer to. If you	3	comments are not relevant to that or
4	want to give me a specific literature	4	
			not
5	reference I can help out on that.	l	not O. How about heavy
5 6	reference I can help out on that. O. Okay. I may need some help	5	Q. How about heavy
6	Q. Okay. I may need some help	5 6	Q. How about heavyA. My comments are not germane
6 7	Q. Okay. I may need some help with that one. Because I believe that	5 6 7	Q. How about heavy A. My comments are not germane to I have no comments on that. Sorry.
6 7 8	Q. Okay. I may need some help with that one. Because I believe that I've seen that in the literature.	5 6 7 8	 Q. How about heavy A. My comments are not germane to I have no comments on that. Sorry. Q. And no apologies needed.
6 7 8 9	Q. Okay. I may need some help with that one. Because I believe that I've seen that in the literature. And does the opinion that	5 6 7 8 9	 Q. How about heavy A. My comments are not germane to I have no comments on that. Sorry. Q. And no apologies needed. And how about the chemical
6 7 8 9 10	Q. Okay. I may need some help with that one. Because I believe that I've seen that in the literature. And does the opinion that talc does not cause mutations apply to	5 6 7 8 9 10	Q. How about heavy A. My comments are not germane to I have no comments on that. Sorry. Q. And no apologies needed. And how about the chemical carcinogens that are possibly in Baby
6 7 8 9 10 11	Q. Okay. I may need some help with that one. Because I believe that I've seen that in the literature. And does the opinion that talc does not cause mutations apply to Johnson's Baby Powder?	5 6 7 8 9 10 11	 Q. How about heavy A. My comments are not germane to I have no comments on that. Sorry. Q. And no apologies needed. And how about the chemical carcinogens that are possibly in Baby Powder?
6 7 8 9 10 11 12	Q. Okay. I may need some help with that one. Because I believe that I've seen that in the literature. And does the opinion that talc does not cause mutations apply to Johnson's Baby Powder? A. It applies my opinions	5 6 7 8 9 10 11	Q. How about heavy A. My comments are not germane to I have no comments on that. Sorry. Q. And no apologies needed. And how about the chemical carcinogens that are possibly in Baby Powder? A. I
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			1
	Page 246		Page 248
1	studies testing whether talcum powder	1	particles and fibers?
2	products cause mutations?	2	MS. SHARKO: Wait. I
3	MS. SHARKO: You know, asked	3	couldn't somebody coughed and I
4	and answered. This is about the	4	couldn't hear the question. Can
5	seventh time you've answered that.	5	you say it again?
6	DR. THOMPSON: The question	6	BY DR. THOMPSON:
7	has not been	7	Q. Do you agree that standard
8	MS. SHARKO: He has not done	8	genotoxicity tests are not reliable for
9	any studies other than research.	9	the determination of the genotoxicity of
10	DR. THOMPSON: I'm but	10	particles and fibers?
11	I'm allowed to ask about a test	11	A. I'm not an expert on
12	for mutations. It's not the same	12	toxicology. So I don't have a lot of
13	question.	13	experience with genotoxicity of particles
14	BY DR. THOMPSON:	14	and fibers.
15	Q. Go ahead.	15	But my point was that it's
16	A. I have performed no studies	16	not genotoxic, and that I stand by.
17	on Johnson & Johnson Baby Powder, baby	17	Q. So you're saying it's not
18	showers, any Johnson & Johnson product or	18	genotoxic, but you don't have any
19	any form of talc in my own laboratory,	19	experience with genotoxicity of particles
20	because I am prohibited from so doing as	20	and fibers?
21	a consequence of my institution's	21	A. No, I'm saying that the
22	conflict of interest rules.	22	standard genotoxicity assays were done on
23	Q. Can you refer me to any	23	talc and it's not genotoxic. Scientists
24	study that explicitly states that	24	reach conclusions based on assays and
	Page 247		Page 249
1		1	
1 2	Johnson's Baby Powder and Shower to	1 2	experiments, not based on suppositions or
2	Johnson's Baby Powder and Shower to Shower don't do not cause mutations?	2	experiments, not based on suppositions or hypotheses.
2 3	Johnson's Baby Powder and Shower to Shower don't do not cause mutations? A. Not offhand, no.	2 3	experiments, not based on suppositions or hypotheses. Q. My question was, are you
2 3 4	Johnson's Baby Powder and Shower to Shower don't do not cause mutations? A. Not offhand, no. Q. Your next opinion is that	2 3 4	experiments, not based on suppositions or hypotheses. Q. My question was, are you aware that the genotoxicity testing is
2 3	Johnson's Baby Powder and Shower to Shower don't do not cause mutations? A. Not offhand, no. Q. Your next opinion is that talc is not genotoxic. And you state as	2 3	experiments, not based on suppositions or hypotheses. Q. My question was, are you aware that the genotoxicity testing is not accurate with particles and fibers?
2 3 4 5	Johnson's Baby Powder and Shower to Shower don't do not cause mutations? A. Not offhand, no. Q. Your next opinion is that talc is not genotoxic. And you state as support of that, that on Page 16, that	2 3 4 5	experiments, not based on suppositions or hypotheses. Q. My question was, are you aware that the genotoxicity testing is not accurate with particles and fibers? MS. SHARKO: So I object to
2 3 4 5 6	Johnson's Baby Powder and Shower to Shower don't do not cause mutations? A. Not offhand, no. Q. Your next opinion is that talc is not genotoxic. And you state as support of that, that on Page 16, that "talc is universally acknowledged to be	2 3 4 5 6	experiments, not based on suppositions or hypotheses. Q. My question was, are you aware that the genotoxicity testing is not accurate with particles and fibers? MS. SHARKO: So I object to the form of the question. That's
2 3 4 5 6 7	Johnson's Baby Powder and Shower to Shower don't do not cause mutations? A. Not offhand, no. Q. Your next opinion is that talc is not genotoxic. And you state as support of that, that on Page 16, that "talc is universally acknowledged to be non-genotoxic in standard mutagenesis	2 3 4 5 6 7	experiments, not based on suppositions or hypotheses. Q. My question was, are you aware that the genotoxicity testing is not accurate with particles and fibers? MS. SHARKO: So I object to
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2 3 4 5 6 7 8 9 10	Johnson's Baby Powder and Shower to Shower don't do not cause mutations? A. Not offhand, no. Q. Your next opinion is that talc is not genotoxic. And you state as support of that, that on Page 16, that "talc is universally acknowledged to be non-genotoxic in standard mutagenesis assays." What assays are you referring to?	2 3 4 5 6 7 8 9 10	experiments, not based on suppositions or hypotheses. Q. My question was, are you aware that the genotoxicity testing is not accurate with particles and fibers? MS. SHARKO: So I object to the form of the question. That's not what you asked him. If that's your question, he'll be happy to
2 3 4 5 6 7 8 9 10 11	Johnson's Baby Powder and Shower to Shower don't do not cause mutations? A. Not offhand, no. Q. Your next opinion is that talc is not genotoxic. And you state as support of that, that on Page 16, that "talc is universally acknowledged to be non-genotoxic in standard mutagenesis assays." What assays are you referring to? A. These are the genes test	2 3 4 5 6 7 8 9 10 11	experiments, not based on suppositions or hypotheses. Q. My question was, are you aware that the genotoxicity testing is not accurate with particles and fibers? MS. SHARKO: So I object to the form of the question. That's not what you asked him. If that's your question, he'll be happy to answer that. DR. THOMPSON: Okay. I'll ask that question then.
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	Page 250		Page 252
1	have knowledge regarding the reliability	1	be reasonable.
2	of those tests in products that are	2	MS. SHARKO: No, I I
3	have particles or fibers?	3	disagree. I don't know that
4	A. The tests are extremely	4	that's what we've always done. If
5	reliable. They measure genotoxicity.	5	you want to use your deposition
6	Whether you use a particle, fiber, any	6	time to have him read it, then
7	chemical, they measure genotoxicity.	7	
8		8	we're not going off the record.
9	Q. Okay. A. That's not the issue is	9	DR. THOMPSON: I'm going to
10		10	use my deposition time to have him
	whether there are other types of assays		look at the chart on Page 70.
11	that might yield a different result, and	11	THE WITNESS: I can see the
12	I have no expertise on particles and	12	chart.
13	fibers beyond the fact that standard	13	BY DR. THOMPSON:
14	assays of genotoxicity do not show any	14	Q. Is that chart consistent
15	mutagenesis.	15	with what your opinions would be
16	And that's that's true to	16	regarding genotoxicity of particles and
17	the best of my knowledge.	17	fibers?
18	(Document marked for	18	A. As I said, I'm not an expert
19	identification as Exhibit	19	in particle and fibers. And I have no
20	Neel-22.)	20	comment on this paper because I would
21	BY DR. THOMPSON:	21	have to really read the entire thing.
22	Q. This is I just marked	22	And also I would have to go through the
23	Exhibit 22. It is an article titled	23	literature and see what's been written
24	"Mechanisms of Genotoxicity of Particles	24	since 2012 2002 on this subject.
	Page 251		Page 253
1	and Fibers."	1	Again, 2002 is a long time
2	Have you seen this article	2	ago in cancer biology. And I have no
3	before?	3	knowledge offhand whether this is even
4	A. No.	4	considered to be state of the art.
5	Q. Do you would you like to	5	Q. Okay. All right. We'll
6	take a minute to look through it?	6	move on.
7	A. I mean it will take me at	7	A. So I have no comment.
8	at least an hour to read this paper.	8	Q. We'll move on. Did you
9	Q. Okay. Well, we won't spend	9	perform any studies to test whether
	<u> </u>		
	an hour. Let's just go to the chart	10	
10	an hour. Let's just go to the chart MS. SHARKO: Well, no. it's	10 11	talcum powder products are not genotoxic?
10 11	MS. SHARKO: Well, no, it's	11	talcum powder products are not genotoxic? MS. SHARKO: Objection.
10 11 12	MS. SHARKO: Well, no, it's not fair to ask him about it if	11 12	talcum powder products are not genotoxic? MS. SHARKO: Objection. Asked and answered.
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Shower are not genotoxic? MS. SHARKO: Objection.	20	foreign body reactions or
MS. SHARKO: Objection.	1	
	🗸 🗆	granulomas.
Asked and answered.	22	However, to my knowledge,
THE WITNESS. I think you	23	there is no evidence that talc causes other causes
THE WITNESS: I think you asked that already, but no.	24	causes officer causes cancer-associated inflammation,
asked that already, but no.	24	cancer-associated initialimation,
Page 255		Page 257
BY DR. THOMPSON:	1	particularly in the female genital
Q. And your opinion is that, on	2	tract where the direct experiment
Page 14, talc does not cause inflammation	3	has been done and indirect
n the female genitourinary tract. What	4	experiments have been done. And
re you basing that opinion on?	5	the evidence, including some
		evidence that you showed me, is
		inconsonant with the idea that
		it's causing cancer-promoting
		inflammation.
		BY DR. THOMPSON:
	1	Q. And you're familiar with the
		animal studies done with talc, correct?
		A. Which animals studies? I'm
		familiar with several animal studies. If
		you want to cite a particular one, I'm
		happy to talk about it. (Document marked for
		identification as Exhibit
	1	Neel-23.)
* *	1	BY DR. THOMPSON:
	1	Q. I'll mark as Exhibit 23 as
ntlammation or cancer-promoting	1	the Keskin rat study. Have you seen this
	1	one, Dr. Neel?
nflammation in the female genital tract.		A. Yes, I cite that in my
	A. I just want to clarify. I was referring I was a little not ery clear in saying I'm referring to the type of inflammation that usually is ssociated with cancer. So talc will potentially ause a foreign body granuloma in the temale genital tract. But there's no vidence that foreign body granulomas are ssociated with ovarian cancer athogenesis. So I may have been a little toose with my terminology with that articular part. But the point is that alc does not cause precancerous inflammation or cancer-promoting	A. I just want to clarify. I vas referring I was a little not ery clear in saying I'm referring to the spe of inflammation that usually is ssociated with cancer. So talc will potentially ause a foreign body granuloma in the emale genital tract. But there's no vidence that foreign body granulomas are ssociated with ovarian cancer athogenesis. So I may have been a little cose with my terminology with that articular part. But the point is that alc does not cause precancerous aflammation or cancer-promoting aflammation in the female genital tract. That's my point.

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		1	
	Page 258		Page 260
1	report.	1	the infection came from, correct?
2	Q. Okay. And the Keskin	2	A. No. But I do know that
3	study did find that the rats that were	3	infections cause inflammatory cells to
4	exposed to talc had evidence of foreign	4	come there. So you can't conclude
5	body reaction and infection along with an	5	anything about the nature of the
6	increase in inflammatory cells in the	6	inflammation. If you have an infection,
7	genital tissues, right?	7	you will definitely get white blood cells
8	A. So can we be let's	8	coming in, as any first year medical
9	let's just go through the findings	9	student knows.
10	actually on page the first page. "In	10	Q. Are you familiar with the
11	both groups exposed to talc, evidence of	11	Hamilton study?
12	foreign body reaction"	12	A. Yes.
13	MS. SHARKO: Slow down.	13	Q. Another rat study.
14	Slow down.	14	(Document marked for
15	THE WITNESS: Sorry.	15	identification as Exhibit
16	"and infection along with	16	Neel-24.)
17	an increase in inflammatory	17	BY DR. THOMPSON:
18	cells."	18	Q. And in this study with
19	So again, foreign body	19	rats
20	reaction I've already stipulated	20	MR. ZELLERS: Is this
21	can be caused by talc. However,	21	Exhibit 24?
22	the infection causes the	22	DR. THOMPSON: I'm sorry.
23	inflammation.	23	Yes, Exhibit 24.
24	So I mean, these rats got	24	BY DR. THOMPSON:
24	50 I mean, these rats got	24	B1 DR. IIIOMESON.
	Page 259		Page 261
1	infected. So infection will cause	1	Q. The treated animals showed
2	inflammation. But talc is not	2	focal areas of papillary change on the
3	known to cause infection, as far	3	surface epithelium, correct?
4	as I know.	4	A. That's what they reported,
5	So this study is not	5	yes.
6	relevant to the issue, except for	6	Q. The authors did not conclude
7	the fact that it does cause	7	that the papillary changes represented
8	granulomas, which was seen in	8	first stage in development of a surface
9	other studies.	9	papillary epithelial neoplasm, right?
10	BY DR. THOMPSON:	10	A. Excuse me? Can you repeat
11	Q. So you think that the	11	the question.
12	infection is that resulted in these	12	Q. Yeah, the authors
13	animals were completely unrelated to the	13	A. And what review? Refer
14	tale?	14	me
15	A. I can't comment on what the	15	
16	sterile technique was in this laboratory	16	Q. Well, let's just let's just read the authors' conclusions.
17	or what other agents they were exposed to	17	A. Sure.
18	in this laboratory.	18	Q. We'll just leave it at that
19	But I think that it's not	19	
20		20	one. I can't find my spot. You mentioned earlier that
21	alleged as far as I understand that talc	21	
	causes infections as part of the	1	you did not know why the FDA removed
22	plaintiffs' case.	22	powder from exam and surgical gloves,
23	Q. So you don't know one way or	23	right?
24	the other, as far as this study, where	24	A. I didn't know that the FDA
		I	

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	Page 262		Page 264
1	did it, and I certainly didn't know why	1	A. Yes. December 2016.
2	they did it.	2	Q. And in the first paragraph
3	(Document marked for	3	on purpose, in the executive summary the
4	identification as Exhibit	4	document states, "However" well, sorry
5	Neel-25.)	5	about that.
6	BY DR. THOMPSON:	6	"Various types of powder
7	Q. Exhibit 25 is the FDA	7	have been used to lubricate gloves so
8	register.	8	that wearers could don the gloves more
9	MR. ZELLERS: Do you have	9	easily."
10	copies?	10	MS. SHARKO: Wait, where are
11	DR. THOMPSON: Oh, I do.	11	you?
12	Sorry.	12	THE WITNESS: The bottom
13	BY DR. THOMPSON:	13	DR. THOMPSON: The bottom of
14	Q. Beginning on the bottom	14	the first paragraph under
15	right of that first page, "Banned	15	executive summary, "Purpose and
16	devices, powdered" sugar "surgeon's	16	coverage of the final rule."
17	gloves, powdered patient examination	17	BY DR. THOMPSON:
18	gloves and absorbable powder for	18	Q. "However, the use of powder
19	lubricating surgeon's glove."	19	on medical gloves presents numerous risks
20	So does that tell you that	20	to patients and healthcare workers,
21	the FDA banned powder use on gloves?	21	including inflammation, granulomas and
22	A. Sounds like it.	22	respiratory allergic reactions."
23	MS. SHARKO: But again, he	23	Did I read that right?
24	hasn't seen this. If you want to	24	A. You read it right. But it's
	Page 263		Page 265
1		1 1	1 '44 4 44
		1	a poorly written sentence, so it's not
2	DR. THOMPSON: Well, he can	2	clear what refers to what.
3	tell me if he needs to he can	1	clear what refers to what. Q. But it states that
3 4	· · · · · · · · · · · · · · · · · · ·	2 3 4	clear what refers to what. Q. But it states that inflammation was and granulomas were
3 4 5	tell me if he needs to he can tell me if he needs to see it. He doesn't even know how	2 3 4 5	clear what refers to what. Q. But it states that inflammation was and granulomas were at least part of the reason why powder
3 4 5 6	tell me if he needs to he can tell me if he needs to see it. He doesn't even know how what my question is going to be.	2 3 4 5 6	clear what refers to what. Q. But it states that inflammation was and granulomas were at least part of the reason why powder was removed from surgical gloves and
3 4 5 6 7	tell me if he needs to he can tell me if he needs to see it. He doesn't even know how what my question is going to be. The first was what was the	2 3 4 5 6 7	clear what refers to what. Q. But it states that inflammation was and granulomas were at least part of the reason why powder was removed from surgical gloves and examination gloves, right?
3 4 5 6	tell me if he needs to he can tell me if he needs to see it. He doesn't even know how what my question is going to be. The first was what was the title of the regulation.	2 3 4 5 6 7 8	clear what refers to what. Q. But it states that inflammation was and granulomas were at least part of the reason why powder was removed from surgical gloves and examination gloves, right? A. So the way the the way
3 4 5 6 7 8 9	tell me if he needs to he can tell me if he needs to see it. He doesn't even know how what my question is going to be. The first was what was the title of the regulation. THE WITNESS: The title is	2 3 4 5 6 7 8 9	clear what refers to what. Q. But it states that inflammation was and granulomas were at least part of the reason why powder was removed from surgical gloves and examination gloves, right? A. So the way the the way the sentence is written is not very
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	Page 266		Page 268
1	does not have an inflammatory effect on	1	paper that they looked at any sections
2	the ovaries, right?	2	using H&E light microscopy besides this
3	A. I cite two studies. But one	3	one
4	of them is Heller, yes.	4	A. It's not clear from the way
5	Q. Are you aware that Heller	5	this is written that that's the only
6	only looked at one specimen out of 24	6	that they are saying that it from
7	histologically?	7	that those are the only analyzed
8	A. I'd have to go back and look	8	sections. But, you know.
9	at the paper again.	9	Q. But but you can conclude
10	Q. If Heller only looked at one	10	from your reading of this that Heller
11	specimen, would that be evidence of what	11	found no inflammatory reaction in the
12	was in the other 23 specimens?	12	ovaries of cells with of in the
13	MS. SHARKO: Can we get a	13	ovaries of these subjects that they found
14	copy of Heller? Please?	14	talc?
15	(Document marked for	15	A. Well, they don't report on
16	identification as Exhibit	16	it, so it's not evidence that there is
17	Neel-26.)	17	inflammation in the ovary.
18	BY DR. THOMPSON:	18	Q. Well, you cited this paper,
19	Q. This will be Exhibit 26,	19	right?
20	Heller paper, "The Relationship Between	20	A. Yeah, I did cite to it
21	Perineal Cosmetic Talc Usage and Ovarian	21	Q. For that purpose?
22	Talc Particles."	22	A. Yeah. I said that there was
23	MS. SHARKO: Thank you.	23	no evidence.
24	BY DR. THOMPSON:	24	Q. And you'll agree that there
	Daga 267		
	Page 267		Page 269
1	Q. And I'm looking at the last	1	is no evidence of more than one being
2	Q. And I'm looking at the last paragraph of the results section,	2	is no evidence of more than one being looked at, right?
2 3	Q. And I'm looking at the last paragraph of the results section, Dr. Neel.		is no evidence of more than one being looked at, right? A. As I said, I can't tell from
2 3 4	Q. And I'm looking at the last paragraph of the results section, Dr. Neel. And it says, "In one subject	2 3 4	is no evidence of more than one being looked at, right? A. As I said, I can't tell from the way that's written whether it was all
2 3 4 5	Q. And I'm looking at the last paragraph of the results section, Dr. Neel. And it says, "In one subject we studied both ovaries. On the right	2 3 4 5	is no evidence of more than one being looked at, right? A. As I said, I can't tell from the way that's written whether it was all of them or not. The major point for
2 3 4 5 6	Q. And I'm looking at the last paragraph of the results section, Dr. Neel. And it says, "In one subject we studied both ovaries. On the right side we detected no talc. On the left	2 3 4 5 6	is no evidence of more than one being looked at, right? A. As I said, I can't tell from the way that's written whether it was all of them or not. The major point for citing this was that there was no
2 3 4 5 6 7	Q. And I'm looking at the last paragraph of the results section, Dr. Neel. And it says, "In one subject we studied both ovaries. On the right side we detected no talc. On the left side" "by electron microscopy and 556	2 3 4 5 6 7	is no evidence of more than one being looked at, right? A. As I said, I can't tell from the way that's written whether it was all of them or not. The major point for citing this was that there was no correlation between reported perineal
2 3 4 5 6 7 8	Q. And I'm looking at the last paragraph of the results section, Dr. Neel. And it says, "In one subject we studied both ovaries. On the right side we detected no talc. On the left side" "by electron microscopy and 556 particles by light microscopy. And on	2 3 4 5 6 7 8	is no evidence of more than one being looked at, right? A. As I said, I can't tell from the way that's written whether it was all of them or not. The major point for citing this was that there was no correlation between reported perineal talc use and the presence of particles
2 3 4 5 6 7 8 9	Q. And I'm looking at the last paragraph of the results section, Dr. Neel. And it says, "In one subject we studied both ovaries. On the right side we detected no talc. On the left side" "by electron microscopy and 556 particles by light microscopy. And on the left side we detected 1,669,000	2 3 4 5 6 7 8	is no evidence of more than one being looked at, right? A. As I said, I can't tell from the way that's written whether it was all of them or not. The major point for citing this was that there was no correlation between reported perineal talc use and the presence of particles assumed to be or or argued to be talc
2 3 4 5 6 7 8 9	Q. And I'm looking at the last paragraph of the results section, Dr. Neel. And it says, "In one subject we studied both ovaries. On the right side we detected no talc. On the left side" "by electron microscopy and 556 particles by light microscopy. And on the left side we detected 1,669,000 particles per gram of wet weight by	2 3 4 5 6 7 8 9	is no evidence of more than one being looked at, right? A. As I said, I can't tell from the way that's written whether it was all of them or not. The major point for citing this was that there was no correlation between reported perineal talc use and the presence of particles assumed to be or or argued to be talc in the ovaries. That was the major
2 3 4 5 6 7 8 9 10	Q. And I'm looking at the last paragraph of the results section, Dr. Neel. And it says, "In one subject we studied both ovaries. On the right side we detected no talc. On the left side" "by electron microscopy and 556 particles by light microscopy. And on the left side we detected 1,669,000 particles per gram of wet weight by electron microscopy and six particles by	2 3 4 5 6 7 8 9 10	is no evidence of more than one being looked at, right? A. As I said, I can't tell from the way that's written whether it was all of them or not. The major point for citing this was that there was no correlation between reported perineal talc use and the presence of particles assumed to be or or argued to be talc in the ovaries. That was the major reason for citing it.
2 3 4 5 6 7 8 9 10 11	Q. And I'm looking at the last paragraph of the results section, Dr. Neel. And it says, "In one subject we studied both ovaries. On the right side we detected no talc. On the left side" "by electron microscopy and 556 particles by light microscopy. And on the left side we detected 1,669,000 particles per gram of wet weight by electron microscopy and six particles by light microscopy.	2 3 4 5 6 7 8 9 10 11 12	is no evidence of more than one being looked at, right? A. As I said, I can't tell from the way that's written whether it was all of them or not. The major point for citing this was that there was no correlation between reported perineal talc use and the presence of particles assumed to be or or argued to be talc in the ovaries. That was the major reason for citing it. Q. While we are on
2 3 4 5 6 7 8 9 10 11 12 13	Q. And I'm looking at the last paragraph of the results section, Dr. Neel. And it says, "In one subject we studied both ovaries. On the right side we detected no talc. On the left side" "by electron microscopy and 556 particles by light microscopy. And on the left side we detected 1,669,000 particles per gram of wet weight by electron microscopy and six particles by light microscopy. "Hematoxylin and Eosin	2 3 4 5 6 7 8 9 10 11 12 13	is no evidence of more than one being looked at, right? A. As I said, I can't tell from the way that's written whether it was all of them or not. The major point for citing this was that there was no correlation between reported perineal talc use and the presence of particles assumed to be or or argued to be talc in the ovaries. That was the major reason for citing it. Q. While we are on A. We already have direct
2 3 4 5 6 7 8 9 10 11 12 13 14	Q. And I'm looking at the last paragraph of the results section, Dr. Neel. And it says, "In one subject we studied both ovaries. On the right side we detected no talc. On the left side" "by electron microscopy and 556 particles by light microscopy. And on the left side we detected 1,669,000 particles per gram of wet weight by electron microscopy and six particles by light microscopy. "Hematoxylin and Eosin stained slides from the analyzed sections	2 3 4 5 6 7 8 9 10 11 12 13 14	is no evidence of more than one being looked at, right? A. As I said, I can't tell from the way that's written whether it was all of them or not. The major point for citing this was that there was no correlation between reported perineal talc use and the presence of particles assumed to be or or argued to be talc in the ovaries. That was the major reason for citing it. Q. While we are on A. We already have direct evidence on the animal studies about what
2 3 4 5 6 7 8 9 10 11 12 13 14 15	Q. And I'm looking at the last paragraph of the results section, Dr. Neel. And it says, "In one subject we studied both ovaries. On the right side we detected no talc. On the left side" "by electron microscopy and 556 particles by light microscopy. And on the left side we detected 1,669,000 particles per gram of wet weight by electron microscopy and six particles by light microscopy. "Hematoxylin and Eosin stained slides from the analyzed sections of tissues were examined. There was no	2 3 4 5 6 7 8 9 10 11 12 13 14 15	is no evidence of more than one being looked at, right? A. As I said, I can't tell from the way that's written whether it was all of them or not. The major point for citing this was that there was no correlation between reported perineal talc use and the presence of particles assumed to be or or argued to be talc in the ovaries. That was the major reason for citing it. Q. While we are on A. We already have direct evidence on the animal studies about what talc does in ovaries.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Q. And I'm looking at the last paragraph of the results section, Dr. Neel. And it says, "In one subject we studied both ovaries. On the right side we detected no talc. On the left side" "by electron microscopy and 556 particles by light microscopy. And on the left side we detected 1,669,000 particles per gram of wet weight by electron microscopy and six particles by light microscopy. "Hematoxylin and Eosin stained slides from the analyzed sections of tissues were examined. There was no evidence of response to talc such as	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	is no evidence of more than one being looked at, right? A. As I said, I can't tell from the way that's written whether it was all of them or not. The major point for citing this was that there was no correlation between reported perineal talc use and the presence of particles assumed to be or or argued to be talc in the ovaries. That was the major reason for citing it. Q. While we are on A. We already have direct evidence on the animal studies about what talc does in ovaries. Q. You cited the paper.
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Q. And I'm looking at the last paragraph of the results section, Dr. Neel. And it says, "In one subject we studied both ovaries. On the right side we detected no talc. On the left side" "by electron microscopy and 556 particles by light microscopy. And on the left side we detected 1,669,000 particles per gram of wet weight by electron microscopy and six particles by light microscopy. "Hematoxylin and Eosin stained slides from the analyzed sections of tissues were examined. There was no evidence of response to talc such as foreign body giant cell reactions or fibrosis in the tissue."	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	is no evidence of more than one being looked at, right? A. As I said, I can't tell from the way that's written whether it was all of them or not. The major point for citing this was that there was no correlation between reported perineal talc use and the presence of particles assumed to be or or argued to be talc in the ovaries. That was the major reason for citing it. Q. While we are on A. We already have direct evidence on the animal studies about what talc does in ovaries. Q. You cited the paper. A. I did and I said Q. Okay.
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Q. And I'm looking at the last paragraph of the results section, Dr. Neel. And it says, "In one subject we studied both ovaries. On the right side we detected no talc. On the left side" "by electron microscopy and 556 particles by light microscopy. And on the left side we detected 1,669,000 particles per gram of wet weight by electron microscopy and six particles by light microscopy and six particles by light microscopy. "Hematoxylin and Eosin stained slides from the analyzed sections of tissues were examined. There was no evidence of response to talc such as foreign body giant cell reactions or fibrosis in the tissue." A. It's I mean, it's not clear to me whether they only looked at	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	is no evidence of more than one being looked at, right? A. As I said, I can't tell from the way that's written whether it was all of them or not. The major point for citing this was that there was no correlation between reported perineal talc use and the presence of particles assumed to be or or argued to be talc in the ovaries. That was the major reason for citing it. Q. While we are on A. We already have direct evidence on the animal studies about what talc does in ovaries. Q. You cited the paper. A. I did and I said Q. Okay. A that they argued strongly that perineal talc use does not
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q. And I'm looking at the last paragraph of the results section, Dr. Neel. And it says, "In one subject we studied both ovaries. On the right side we detected no talc. On the left side" "by electron microscopy and 556 particles by light microscopy. And on the left side we detected 1,669,000 particles per gram of wet weight by electron microscopy and six particles by light microscopy. "Hematoxylin and Eosin stained slides from the analyzed sections of tissues were examined. There was no evidence of response to talc such as foreign body giant cell reactions or fibrosis in the tissue." A. It's I mean, it's not clear to me whether they only looked at those, at the sections from the the	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	is no evidence of more than one being looked at, right? A. As I said, I can't tell from the way that's written whether it was all of them or not. The major point for citing this was that there was no correlation between reported perineal talc use and the presence of particles assumed to be or or argued to be talc in the ovaries. That was the major reason for citing it. Q. While we are on A. We already have direct evidence on the animal studies about what talc does in ovaries. Q. You cited the paper. A. I did and I said Q. Okay. A that they argued strongly that perineal talc use does not accurately reflect potential exposure.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. And I'm looking at the last paragraph of the results section, Dr. Neel. And it says, "In one subject we studied both ovaries. On the right side we detected no talc. On the left side" "by electron microscopy and 556 particles by light microscopy. And on the left side we detected 1,669,000 particles per gram of wet weight by electron microscopy and six particles by light microscopy. "Hematoxylin and Eosin stained slides from the analyzed sections of tissues were examined. There was no evidence of response to talc such as foreign body giant cell reactions or fibrosis in the tissue." A. It's I mean, it's not clear to me whether they only looked at those, at the sections from the the one subject above or not. Or whether	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	is no evidence of more than one being looked at, right? A. As I said, I can't tell from the way that's written whether it was all of them or not. The major point for citing this was that there was no correlation between reported perineal talc use and the presence of particles assumed to be or or argued to be talc in the ovaries. That was the major reason for citing it. Q. While we are on A. We already have direct evidence on the animal studies about what talc does in ovaries. Q. You cited the paper. A. I did and I said Q. Okay. A that they argued strongly that perineal talc use does not accurately reflect potential exposure. And I stand by that statement. That's
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Q. And I'm looking at the last paragraph of the results section, Dr. Neel. And it says, "In one subject we studied both ovaries. On the right side we detected no talc. On the left side" "by electron microscopy and 556 particles by light microscopy. And on the left side we detected 1,669,000 particles per gram of wet weight by electron microscopy and six particles by light microscopy. "Hematoxylin and Eosin stained slides from the analyzed sections of tissues were examined. There was no evidence of response to talc such as foreign body giant cell reactions or fibrosis in the tissue." A. It's I mean, it's not clear to me whether they only looked at those, at the sections from the the one subject above or not. Or whether they looked at all of them.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	is no evidence of more than one being looked at, right? A. As I said, I can't tell from the way that's written whether it was all of them or not. The major point for citing this was that there was no correlation between reported perineal talc use and the presence of particles assumed to be or or argued to be talc in the ovaries. That was the major reason for citing it. Q. While we are on A. We already have direct evidence on the animal studies about what talc does in ovaries. Q. You cited the paper. A. I did and I said Q. Okay. A that they argued strongly that perineal talc use does not accurately reflect potential exposure. And I stand by that statement. That's exactly what the paper concludes.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. And I'm looking at the last paragraph of the results section, Dr. Neel. And it says, "In one subject we studied both ovaries. On the right side we detected no talc. On the left side" "by electron microscopy and 556 particles by light microscopy. And on the left side we detected 1,669,000 particles per gram of wet weight by electron microscopy and six particles by light microscopy. "Hematoxylin and Eosin stained slides from the analyzed sections of tissues were examined. There was no evidence of response to talc such as foreign body giant cell reactions or fibrosis in the tissue." A. It's I mean, it's not clear to me whether they only looked at those, at the sections from the the one subject above or not. Or whether	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	is no evidence of more than one being looked at, right? A. As I said, I can't tell from the way that's written whether it was all of them or not. The major point for citing this was that there was no correlation between reported perineal talc use and the presence of particles assumed to be or or argued to be talc in the ovaries. That was the major reason for citing it. Q. While we are on A. We already have direct evidence on the animal studies about what talc does in ovaries. Q. You cited the paper. A. I did and I said Q. Okay. A that they argued strongly that perineal talc use does not accurately reflect potential exposure. And I stand by that statement. That's

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	Page 270		Page 272
1	Page 270	1	
1	paper.	1	there exists.
2	Do you intend to give	2	"While there exists no
3	opinions as to whether perineal talc	3	direct proof of tale and ovarian
4	powder can migrate or be transported to	4	carcinogenesis, the potential for
5	the distal fallopian tube, ovary or	5	particulates to migrate from the perineum
6	perineal cavity?	6	and vagina to the perineal cavity is
7	A. I intend to say that the	7	indisputable. It is, therefore,
8	evidence is inconclusive.	8	plausible that perineal talc and other
9	Q. So you will say you will	9	particulate that reach the endometrial
10	say that there is evidence on both sides?	10	cavity, fallopian tubes, ovaries and
11	A. I say the preponderance of	11	peritoneum may elicit a foreign body type
12	the evidence is negative.	12	reaction and inflammatory response that
13	Q. What do you use for the	13	in some exposed women may progress to
14	preponderance of the evidence being	14	epithelial cancers.
15	negative?	15	"However, there was no
16	A. The best the best study	16	conclusive evidence to support
17	is one that was done in monkeys by	17	causality."
18	Whelan. All of the other studies are	18	MS. SHARKO: There has been.
19	potentially confounded by artifact.	19	DR. THOMPSON: "Has been no
20	Q. Is is it plausible that	20	conclusive evidence to support
21	talcum powders talcum powder applied	21	causality."
22	to the perineum can reach the fallopian	22	BY DR. THOMPSON:
23	tube, ovary and perineal cavity?	23	Q. So even though the FDA
24	A. Is it plausible? I think	24	determined that the potential for the
	•		-
	Page 271		Page 273
1	it's unresolved. I can't say it's	1	particulates to migrate is indisputable,
2	plausible or implausible. It's	2	you're still saying that the
3	unresolved. It's it's unresolved.	3	preponderance of the evidence based on
4	The strongest evidence says no.	4	one monkey study is against it?
5	Q. And you cite as the as	5	A. Well, it's not one monkey
6	part of your opinions, this FDA citizen's	6	study, first of all. It's two monkey
7	response letter, correct?	7	studies. And one
8	A. Mm-hmm.	8	Q. But by the same by the
9	Q. And it's marked as exhibit	9	same Johnson & Johnson consultant, right?
10	something.	10	A. He's I don't know that
11	I didn't write it on the	11	they're a Johnson & Johnson consultant.
12	thing.	12	Q. Did you look at the conflict
13	If you go to the	13	of interest disclosure?
14	MS. SHARKO: Go to exhibit	14	A. No, I didn't. But it's
15	something?	15	the study was done in the more accurate
16	BY DR. THOMPSON:	16	way than the other two studies. And it
17	Q. Give it go to exhibit	17	actually produced very clear evidence of
18	something and we'll take a break after.	18	potential confounding artifact in the
19	MR. ZELLERS: It's 18.	19	in the studies that have been done
20	DR. THOMPSON: Exhibit 18.	20	before.
21	Thank you, Mr. Zeller.	21	Q. So
22	BY DR. THOMPSON:	22	MS. SHARKO: Wait. Let him
23	Q. And on Page 5, I'm reading	23	finish.
24	the paragraph that starts with while	24	THE WITNESS: So the fact is
	r		

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	Page 274		Page 276
1	that one very well-designed study	1	know of something that I don't know. But
2	beats multiple poorly designed	2	what I'm saying is this this
3	studies in science. It's not a	3	this you can't just make a statement
4	plebiscite.	4	without referencing it and then assume
5	BY DR. THOMPSON:	5	that and assume that scientists are
6	Q. You're saying that two	6	going to take it at face value. We have
7	monkey studies by a Johnson & Johnson	7	to see the evidence. That's what we work
8	consultant outweigh a vast body of	8	with, evidence.
9	literature on various substances,	9	Q. You really need evidence to
10	including particulates being transported,	10	show that something can go from the
11	migrating to the ovaries, to reach your	11	perineum through the genital tract?
12	conclusion that the preponderance of the	12	A. Well, sperm can go there.
13	evidence is against migration or	13	But they have but they have, you know,
14	transport to particles?	14	flagella. I'm not aware of talc having
15	MS. SHARKO: I object to the	15	flagella.
16	form of the question. Lacks	16	Q. Okay. Are you aware of the
17	foundation.	17	sperm studies that show dead sperm and
18	THE WITNESS: You haven't	18	sperm particles can migrate through the
19	provided me with any vast	19	genital tract?
20	literature? You provided me with	20	A. I don't know what studies
21	two poorly designed studies. So I	21	you are talking about. But if you want
22	don't know what you're talking	22	to give me studies
23	about. If you want to show me	23	Q. Okay. Let me get them.
24	other studies, I'll be happy to	24	A I'll be happy to look at
	other studies, 111 be happy to		71. The happy to look at
	Page 275		Page 277
1	read them and give my opinion on	1	Page 277 studies and
2		1 2	
	read them and give my opinion on		studies and
2	read them and give my opinion on them.	2	studies and Q. We'll take a break and get
2 3	read them and give my opinion on them. However, it is well known	2 3	studies and Q. We'll take a break and get them.
2 3 4	read them and give my opinion on them. However, it is well known that particle that radioactive,	2 3 4	studies and Q. We'll take a break and get them. A see if I think they are reliable. Q. Okay. We'll take a break
2 3 4 5	read them and give my opinion on them. However, it is well known that particle that radioactive, you know, materials can leach off	2 3 4 5	studies and Q. We'll take a break and get them. A see if I think they are reliable. Q. Okay. We'll take a break and come back and go through the studies.
2 3 4 5 6	read them and give my opinion on them. However, it is well known that particle that radioactive, you know, materials can leach off of albumin particles. And also	2 3 4 5 6	studies and Q. We'll take a break and get them. A see if I think they are reliable. Q. Okay. We'll take a break
2 3 4 5 6 7	read them and give my opinion on them. However, it is well known that particle that radioactive, you know, materials can leach off of albumin particles. And also the study showing that carbon	2 3 4 5 6 7	studies and Q. We'll take a break and get them. A see if I think they are reliable. Q. Okay. We'll take a break and come back and go through the studies.
2 3 4 5 6 7 8	read them and give my opinion on them. However, it is well known that particle that radioactive, you know, materials can leach off of albumin particles. And also the study showing that carbon black is present it is true	2 3 4 5 6 7 8	studies and Q. We'll take a break and get them. A see if I think they are reliable. Q. Okay. We'll take a break and come back and go through the studies. THE VIDEOGRAPHER: The time
2 3 4 5 6 7 8 9	read them and give my opinion on them. However, it is well known that particle that radioactive, you know, materials can leach off of albumin particles. And also the study showing that carbon black is present it is true that the Egli study did not use	2 3 4 5 6 7 8 9 10	studies and Q. We'll take a break and get them. A see if I think they are reliable. Q. Okay. We'll take a break and come back and go through the studies. THE VIDEOGRAPHER: The time is 2:10 p.m. Off the record. (Short break.) THE VIDEOGRAPHER: We are
2 3 4 5 6 7 8 9	read them and give my opinion on them. However, it is well known that particle that radioactive, you know, materials can leach off of albumin particles. And also the study showing that carbon black is present it is true that the Egli study did not use did not do a control where they just used the solutions themselves.	2 3 4 5 6 7 8 9 10 11	studies and Q. We'll take a break and get them. A see if I think they are reliable. Q. Okay. We'll take a break and come back and go through the studies. THE VIDEOGRAPHER: The time is 2:10 p.m. Off the record. (Short break.)
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70 (Pages 274 to 277)

Page 278		Page 280
the lawyers in this case, did you have	1	A. I think anybody who has gone
		to medical school is pretty familiar with
		the general anatomy of the genital tract.
		Q. You don't think
		gynecologists have a more in-depth
		understanding of anatomy than other
		non-GYN doctors?
		A. I think they do have a more
		detailed understanding of anatomy. That
		doesn't necessarily mean they have a more
		detailed understanding of anatomy that is
		necessary to make a conclusion about
		particles moving through the genital
		tract. That doesn't require a very
		complex surgical description of the
		genital tract.
		Q. Do they have more
		understanding of the physiology of the
		reproductive tract?
		A. I would hope so, yeah.
		Q. Let's go to the Taher
		article. That would be Exhibit
	23	A. 20.
migration or transport of particles?	24	MS. SHARKO: 20.
Dage 279		Page 281
	_	
	1	BY DR. THOMPSON:
Q. Would you agree that a	_	
	2	Q. 20. And this this is the
gynecologist or GYN oncologist would have	3	Q. 20. And this this is the article that you were referring to in
gynecologist or GYN oncologist would have a greater understanding of the migration	3 4	Q. 20. And this this is the article that you were referring to in your report when you referenced Health
gynecologist or GYN oncologist would have a greater understanding of the migration or transport of particles through the	3 4 5	Q. 20. And this this is the article that you were referring to in your report when you referenced Health Canada, right?
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_	the lawyers in this case, did you have any knowledge of the literature regarding the potential migration or transport of particles through the female genital tract? A. Only sperm. Q. Only? A. Only sperm. Q. Only sperm. And were you aware of the literature regarding sperm particles or dead sperm being transported through the genital tract? A. No. Q. Were you aware of the literature that sperm moved more quickly through the genital tract than would be expected just from the motility of the flagella? A. I'm not aware of any studies on that issue. Q. Did you have any knowledge of the concept of the uterine peristaltic pump, which actually facilitates the migration or transport of particles? Page 279 A. Not that I recall.	the lawyers in this case, did you have any knowledge of the literature regarding the potential migration or transport of particles through the female genital tract? A. Only sperm. Q. Only? A. Only sperm. Q. Only sperm. Q. Only sperm. A. Only sperm. A. Only sperm. A. Only sperm. A. Only sperm. By aware of the literature regarding sperm particles or dead sperm being transported through the genital tract? A. No. Q. Were you aware of the literature that sperm moved more quickly through the genital tract than would be expected just from the motility of the flagella? A. I'm not aware of any studies on that issue. Q. Did you have any knowledge of the concept of the uterine peristaltic pump, which actually facilitates the migration or transport of particles?

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	Page 282		Page 284
1	That in the middle of a chart. It's the	1	A. So actually, if you look at
2	middle of the chart. Do you want to	2	the report somewhere else, it says that
3	just	3	data on talc migration are inconsistent.
4	Q. 26.	4	So we'll have to go through the entire
5	A on Page 26.	5	report to find that sentence.
6	Q. I want to look at the	6	But I don't think that you
7	A. It continues on three pages.	7	should take this chart or this table and
8	Q. Yeah, I want to look at the	8	state that as what the conclusion of the
9		9	
10	biological plausibility	10	report is because it's out of context.
11	A. Okay.	11	Q. Well, this is Dr. Taher's
12	Q section of the chart on	12	chart that is titled "Summary of
13	Page 26.	13	Evidence."
	And this Taher article	1	A. Well, Dr. Taher also wrote
14	states, under biological plausibility,	14	that data on talc migration were
15	"Particles of" "of talc appear to	15	inconsistent. So we can look through it
16	migrate into the pelvis and ovarian	16	and find out where that is, but I
17	tissue causing irritation and	17	wouldn't put that in my report unless I
18	inflammation."	18	saw it in this paper.
19	Do you agree that that's a	19	And Dr. Taher, I believe, is
20	biologically plausible mechanism?	20	an epidemiologist. So he he's not
21	A. If the data supporting it	21	really qualified to comment on biological
22	were convincing, or even close to	22	plausibility based on cellular mechanisms
23	convincing, yes. But they are not.	23	anyway.
24	And so I agree that	24	Q. So in your opinion, an
	Page 283		Page 285
1	Page 283 conceptually that would be a reasonable	1	Page 285 epidemiologist is not qualified to
1 2		1 2	
	conceptually that would be a reasonable		epidemiologist is not qualified to
2	conceptually that would be a reasonable mechanism. But they don't have the	2	epidemiologist is not qualified to testify as to cellular mechanisms? A. Unless they are trained in
2 3	conceptually that would be a reasonable mechanism. But they don't have the the actual studies are poor or nonexistent in terms of evidence.	2 3	epidemiologist is not qualified to testify as to cellular mechanisms? A. Unless they are trained in cellular molecular biology as well, no.
2 3 4	conceptually that would be a reasonable mechanism. But they don't have the the actual studies are poor or nonexistent in terms of evidence. Q. So your opinion, with that	2 3 4	epidemiologist is not qualified to testify as to cellular mechanisms? A. Unless they are trained in cellular molecular biology as well, no. Q. Okay. Do you disagree with
2 3 4 5	conceptually that would be a reasonable mechanism. But they don't have the the actual studies are poor or nonexistent in terms of evidence. Q. So your opinion, with that first statement, is you would need	2 3 4 5	epidemiologist is not qualified to testify as to cellular mechanisms? A. Unless they are trained in cellular molecular biology as well, no. Q. Okay. Do you disagree with the authors of the Taher paper?
2 3 4 5 6	conceptually that would be a reasonable mechanism. But they don't have the the actual studies are poor or nonexistent in terms of evidence. Q. So your opinion, with that first statement, is you would need convincing evidence to have that be a	2 3 4 5 6	epidemiologist is not qualified to testify as to cellular mechanisms? A. Unless they are trained in cellular molecular biology as well, no. Q. Okay. Do you disagree with the authors of the Taher paper? A. What which parts of the
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	Page 286		Page 288
1	actually is something that is	1	Science, Engineering, Medicine, and
2	subepithelial, so I don't know what that	2	supported by the CDC, that was a book
3	refers to. It's probably a misprint.	3	actually titled "Ovarian Cancer:
4	And presence in the ovaries	4	Evolving paradigms in research and care."
5	documented. We've already discussed	5	Correct? Do you remember
6	presence in the ovaries. But we haven't	6	that?
7	established that that is from transport.	7	A. You'll have to show
8	Q. Could could evidence be	8	MS. SHARKO: Object to the
9	inconclusive and both sides be plausible	9	form of the question.
10	in your mind?	10	THE WITNESS: I said I had
11	A. Can evidence be inconclusive	11	seen several, you know, summary
12	and plausible at the same time? No.	12	reviews.
13	Q. So if you have differing	13	You'd have to show me the
14	evidence on an issue, neither one could	14	exact.
15	be plausible, is that your opinion?	15	BY DR. THOMPSON:
16	A. No. Good evidence is	16	Q. I will. I just I had
17	plausible. Bad evidence is not. It's	17	remembered this morning that you were
18	not a plebiscite. It's not an election.	18	aware that this had been published. But
19	It's not like you get a bunch of people	19	I'm going to show it to you regardless.
20	on one side and a bunch of people on the	20	(Whereupon, a discussion was
21	other, and you take testimony and and	21	held off the record.)
22	you tally up who gets what.	22	DR. THOMPSON: 27.
23	It's which evidence is	23	Exhibit 27 will be "Ovarian
24	plausible scientifically and that has to	24	Cancer: Evolving paradigms in
	Page 287		Page 289
1	do with the quality of the data and the	4	1 1 "
_	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	research and care."
2	convincingness of the evidence. And	2	(Document marked for
3			
	convincingness of the evidence. And	2	(Document marked for
3 4 5	convincingness of the evidence. And that's not a plebiscite.	2 3	(Document marked for identification as Exhibit
3 4 5 6	convincingness of the evidence. And that's not a plebiscite. Q. So so you don't see a situation where the evidence could be credible on both sides of a scientific	2 3 4 5 6	(Document marked for identification as Exhibit Neel-27.) BY DR. THOMPSON: Q. I did not print the whole
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3 4 5 6 7	convincingness of the evidence. And that's not a plebiscite. Q. So so you don't see a situation where the evidence could be credible on both sides of a scientific question? A. If two people do the same experiment and they get different	2 3 4 5 6 7	(Document marked for identification as Exhibit Neel-27.) BY DR. THOMPSON: Q. I did not print the whole book. I did print the entire chapter that I'm going to be referencing. And
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	Daga 200		Page 202
_	Page 290		Page 292
1	assesses the state of research on ovarian	1	It's an observation.
2	cancers from multiple perspectives and by	2	DR. THOMPSON: Well, we
3	multiple disciplines."	3	don't need your speaking
4	Did I read that right, the	4	observation. Dr. Neel can can
5	first sentence of	5	let me know if he needs time to
6	A. Yeah.	6	look at whatever it is I'm showing
7	Q of	7	him.
8	 A. I have not seen this report 	8	BY DR. THOMPSON:
9	before, so	9	Q. Dr. Neel, this section on
10	Q. Okay.	10	Page 110 titled "Inflammation" is under
11	A just so you know.	11	the heading behavioral and inflammatory
12	Q. And this paper or this	12	risk factors.
13	book actually, was authored by a	13	And I'm going to read the
14	committee of approximately 15 authors,	14	first part of this paragraph. "Studies
15	correct?	15	of the inflammatory marker C-reactive
16	A. Yes.	16	protein suggest a possible association
17	Q. And this book also was	17	between inflammation and an increased
18	reviewed by another, it looks like ten or	18	risk of ovarian cancer." There are two
19	so reviewers, correct?	19	cites.
20	A. Yes.	20	"Other specific inflammatory
21	MS. SHARKO: Just for the	21	factors have also been associated with
22	record, we don't have a book in	22	ovarian cancer. A meta-analysis reported
23	front of us. We have	23	that exposure to asbestos was associated
24	DR. THOMPSON: Okay. The	24	with a 77 percent increased risk of
	DR. IIIOWI BOIV. Okay. The		with a 77 percent increased risk of
	Page 291		Page 293
			3
1	chapter from the book.	1	ovarian cancer mortality," citing
2	chapter from the book. MS. SHARKO: Okay. Thank	1 2	
	MS. SHARKO: Okay. Thank you.	1	ovarian cancer mortality," citing
2	MS. SHARKO: Okay. Thank	2	ovarian cancer mortality," citing Camargo, "and the International Agency
2 3	MS. SHARKO: Okay. Thank you.	2 3	ovarian cancer mortality," citing Camargo, "and the International Agency for Research on Cancer determined that
2 3 4	MS. SHARKO: Okay. Thank you. BY DR. THOMPSON:	2 3 4	ovarian cancer mortality," citing Camargo, "and the International Agency for Research on Cancer determined that there was sufficient evidence to support
2 3 4 5	MS. SHARKO: Okay. Thank you. BY DR. THOMPSON: Q. Let's go to and this, the chapter that I did take from this book is	2 3 4 5	ovarian cancer mortality," citing Camargo, "and the International Agency for Research on Cancer determined that there was sufficient evidence to support a causal relationship between asbestos
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2 3 4 5 6 7 8	MS. SHARKO: Okay. Thank you. BY DR. THOMPSON: Q. Let's go to and this, the chapter that I did take from this book is titled "Prevention and Early Detection." And if you'll go to	2 3 4 5 6 7 8	ovarian cancer mortality," citing Camargo, "and the International Agency for Research on Cancer determined that there was sufficient evidence to support a causal relationship between asbestos exposure and ovarian cancer," citing Straif. "This has led to studies of talc use, which is chemically similar to
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	Page 294		Page 296
1		1	
1 2	correctly.	1 2	ovarian cancer and that asbestos and
3	Q. Okay. So the state of the art committee that was commissioned by	3	talcum powder were associated with an increased risk; is that correct?
4	the National Academy of Science	4	MS. SHARKO: Objection to
5		5	form. Lacks foundation.
6	Medicine are you familiar with that	6	THE WITNESS: There are
7	organization?	7	
8	MR. LOCKE: Objection.	8	several questions there. Can you
9	THE WITNESS: Yes. I hope	9	break them up?
10	to be in it.	10	BY DR. THOMPSON:
11	What was that?	11	Q. Okay. These authors included inflammation under behavioral
12	MR. LOCKE: I just said		
	objection.	12 13	and inflammatory risk factors, correct?
13	THE WITNESS: Okay.	14	A. I think that you have to
14	BY DR. THOMPSON:	1	understand how to read the scientific
15	Q. And it has a reputation	15	literature. "Suggests a possible
16	certainly, correct?	16	association" is a very weak statement.
17	A. Yes. I know most of the	17	That means they suggest. That doesn't
18	people on this panel.	18	mean they establish. "Suggests a
19	Q. Do you know do you know	19	possible association between inflammation
20	the authors?	20	and increased risk of ovarian cancer."
21	A. I know several of them.	21	So no, it's not as strong as
22	Q. Or the researchers?	22	you made it out to be Number one.
23	A. Several of them, yes.	23	Number two is I've read the
24	Q. And it's my understanding	24	Poole, et al., paper and I have read the
	Page 295		
	rage 273		Page 297
1	that the authors of this treatise	1	Page 297 subsequent papers by Poole and others.
2		1 2	
	that the authors of this treatise	1	subsequent papers by Poole and others.
2	that the authors of this treatise included not only GYN oncologists, but	2	subsequent papers by Poole and others. And the association between inflammation
2 3	that the authors of this treatise included not only GYN oncologists, but epidemiologists, molecular biologists,	2 3	subsequent papers by Poole and others. And the association between inflammation and increased risk of ovarian cancer, it
2 3 4	that the authors of this treatise included not only GYN oncologists, but epidemiologists, molecular biologists, and others so that it would be a	2 3 4	subsequent papers by Poole and others. And the association between inflammation and increased risk of ovarian cancer, it doesn't distinguish between whether the
2 3 4 5	that the authors of this treatise included not only GYN oncologists, but epidemiologists, molecular biologists, and others so that it would be a comprehensive report.	2 3 4 5	subsequent papers by Poole and others. And the association between inflammation and increased risk of ovarian cancer, it doesn't distinguish between whether the inflammation is a marker of existing
2 3 4 5 6	that the authors of this treatise included not only GYN oncologists, but epidemiologists, molecular biologists, and others so that it would be a comprehensive report. A. Yes.	2 3 4 5 6	subsequent papers by Poole and others. And the association between inflammation and increased risk of ovarian cancer, it doesn't distinguish between whether the inflammation is a marker of existing ovarian cancer or the inflammation is a
2 3 4 5 6 7	that the authors of this treatise included not only GYN oncologists, but epidemiologists, molecular biologists, and others so that it would be a comprehensive report. A. Yes. Q. Is that your understanding	2 3 4 5 6 7	subsequent papers by Poole and others. And the association between inflammation and increased risk of ovarian cancer, it doesn't distinguish between whether the inflammation is a marker of existing ovarian cancer or the inflammation is a cause of cancer, which has been what we
2 3 4 5 6 7 8	that the authors of this treatise included not only GYN oncologists, but epidemiologists, molecular biologists, and others so that it would be a comprehensive report. A. Yes. Q. Is that your understanding as well?	2 3 4 5 6 7 8	subsequent papers by Poole and others. And the association between inflammation and increased risk of ovarian cancer, it doesn't distinguish between whether the inflammation is a marker of existing ovarian cancer or the inflammation is a cause of cancer, which has been what we discussed all morning.
2 3 4 5 6 7 8 9 10	that the authors of this treatise included not only GYN oncologists, but epidemiologists, molecular biologists, and others so that it would be a comprehensive report. A. Yes. Q. Is that your understanding as well? A. Mm-hmm.	2 3 4 5 6 7 8	subsequent papers by Poole and others. And the association between inflammation and increased risk of ovarian cancer, it doesn't distinguish between whether the inflammation is a marker of existing ovarian cancer or the inflammation is a cause of cancer, which has been what we discussed all morning. So I don't really think that
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75 (Pages 294 to 297)

	Page 298		Page 300
1	it really doesn't analyze the case any	1	There are a number of different
2	more than those original papers did.	2	tumor types with characteristic
3	As for the statement of	3	histologic features, distinctive
4	talc, it cites, you know it cites two	4	molecular signatures, and disease
5	studies that are, again, I think, both	5	trajectories." Moreover
6	case-control studies. It does not in any	6	MS. SHARKO: Slow.
7	way comprehensively review the	7	THE WITNESS: "Moreover,
8	literature, and it says it's been	8	these tumors are heterogeneous and
9	associated with it. It doesn't say it's	9	they can arise from different
10	a causal association, which I thought was	10	tissues of the female reproductive
11	what we were going to be discussing here	11	tract."
12	today.	12	So again, it just states
13	DR. THOMPSON: I'll object	13	what I've been saying all day, is
14	as nonresponsive.	14	that is that it's not meaningful
15	BY DR. THOMPSON:	15	to talk about ovarian cancer as a
16	Q. Because my question was, did	16	single entity. You have to break
17	these authors include a section on	17	it down into each of the diseases.
18	inflammation in this treatise?	18	DR. THOMPSON: And that was
19		19	
20	A. They they included a	20	nonresponsive, because there was
	section, but as I said, the section says		not a question about asking
21 22	there's a possible association between	21 22	anything to do with that.
	inflammation and an increased risk of		MS. SHARKO: Ignore that
23	ovarian cancer.	23	comment and wait for the next
24	Q. And if the authors didn't	24	question.
	Page 299		Page 301
1	think it was plausible that that	1	DR. THOMPSON: Object as
2	association would be there, would they	2	nonresponsive.
3	have included it?	3	BY DR. THOMPSON:
4	A. I don't presume to be in the	4	Q. Did you Dr. Neel, did you
5	mind of the authors, and I don't know	5	review the literature on pleurodesis?
6	which of the authors was the major author	6	A. Not extensively, no.
7	of this section. So I can't answer that	7	Q. Was it not relevant, the
8	question to any degree of certainty.	8	reaction in the tissue caused by talc
9	Can I point out one other	9	injected into the pleural space to
10	thing?	10	treat
11	Q. I don't there's not a	11	A. It's relevant for the study
12	question on the table.	12	of mesothelioma.
13	MS. SHARKO: No, he's	13	Q. But it's not relevant for
14	finishing his answer.	14	the study of the inflammatory effect of
15	THE WITNESS: I didn't	15	talc in the body?
16	finish.	16	A. It would be potentially
17	DR. THOMPSON: No, he's not.	17	relevant to the studies of peritoneal
18	MS. O'DELL: He is not.	18	mesothelioma. But it's not necessarily
19	THE WITNESS: I am. I meant	19	relevant to ovarian cancer, no.
20	to point out that on Page 9, the	20	Q. So it's your testimony that
21	same preface that you only read a	21	injection of talcum powder into the
22	small part of, at the bottom says,	22	pleural space has no meaning at all for
23	"An overarching conclusion is that	23	what the reaction might be in a tissue
24	ovarian cancer is not one disease.	24	like the ovary?
			•

76 (Pages 298 to 301)

	Page 302		Page 304
1	A. It has relevance to what	1	And also sort of the
2	MR. LOCKE: Objection.	2	sentiment behind the FDA, and it's
3	THE WITNESS: Can I answer	3	also what's listed on the NCI
4	the question?	4	website.
5	MS. SHARKO: Yes.	5	So I don't really think we
6	THE WITNESS: So it's	6	should use the form the term
7	MS. SHARKO: You have to	7	"suggested carcinogen."
8	give everybody time to object.	8	That being said, no, it
9	THE WITNESS: It has	9	would not be ethical to do that
10	relevance to what the response of	10	study.
11	the mesothelial cells of the	11	BY DR. THOMPSON:
12	pleural cavity are. It might be	12	Q. And if you had read that
13	somewhat relevant to the response	13	Health Canada assessment, you would know
14	of the pleural sorry the	14	that Health Canada actually does suggest
15	peritoneal mesothelial cells. But	15	a causal association?
16	there are direct experiments that	16	MS. SHARKO: Object.
17	address, some of which we've	17	MR. LOCKE: Objection.
18	discussed before, the effects of	18	MS. SHARKO: Object to the
19		19	form. Lacks foundation.
20	talc injections into the relevant	20	Misstates the evidence.
21	tissues of ovarian cancer. So why	21	
22	would I look at the irrelevant	22	THE WITNESS: I'm happy to
23	tissues?	23	look over the thing and discuss it
	BY DR. THOMPSON:	1	with you, but I did read the
24	Q. Because, do we have any	24	Taher, et al., paper, and the
	Page 303		Page 305
1	studies of injecting talcum powder into a		
_		1 1	Taher et al naner says the
2		$\begin{vmatrix} 1 \\ 2 \end{vmatrix}$	Taher, et al., paper says the same basically the same thing
2 3	woman's ovaries?	2	same basically the same thing
3	woman's ovaries? A. Into female into actual	2 3	same basically the same thing as IARC: Possible.
3 4	woman's ovaries? A. Into female into actual females?	2 3 4	same basically the same thing as IARC: Possible. BY DR. THOMPSON:
3 4 5	woman's ovaries? A. Into female into actual females? Q. Yes.	2 3 4 5	same basically the same thing as IARC: Possible. BY DR. THOMPSON: Q. And I'll leave it at
3 4 5 6	woman's ovaries? A. Into female into actual females? Q. Yes. A. Not that I'm aware of.	2 3 4 5 6	same basically the same thing as IARC: Possible. BY DR. THOMPSON: Q. And I'll leave it at that.
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3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	woman's ovaries? A. Into female into actual females? Q. Yes. A. Not that I'm aware of. Q. Would it be ethical to inject a suspected carcinogen into a woman's ovaries? A. Well, I MS. SHARKO: Object to the form of the question. Lacks foundation. THE WITNESS: First of all, I categorically deny that it's a suspected carcinogen. It's characterized as a possible carcinogen. And that has been the standard that has been the conclusion, not just of IARC but also of the of the Taher, et al., report. So I assume that's	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	same basically the same thing as IARC: Possible. BY DR. THOMPSON: Q. And I'll leave it at that. (Document marked for identification as Exhibit Neel-28.) DR. THOMPSON: I'm going to mark this next article as Exhibit 28. And I just oh, I do have two. MS. SHARKO: Thank you. BY DR. THOMPSON: Q. The correspondence that I'm interested in having you discuss with me is on the second page, "Talcum should not be used for pleurodesis with nonmalignant pleural effusions." And I'll give you a chance to look at that if you'd like.

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		<u> </u>	
	Page 306		Page 308
1	Q. I agree. But at least these	1	A. That's what they said. But
2	scientists felt strongly that talc should	2	I have nothing to say about that. As
3	not be used for pleurodesis, correct?	3	I've said before.
4	A. Apparently, yes.	4	Q. So you have no knowledge one
5	Q. And they stated that "talc	5	way or the other whether fibers occur in
6	is not a uniform substance and varies	6	talcum powder, and if so, whether there
7	significantly in size and chemical	7	would be any health hazard as a result?
8	composition with the latter depending on	8	A. I can only comment on the
9	geologic origin. This sheet silicate can	9	studies that I read and commented on in
10	be contaminated with" "by asbestos, in	10	my report, which have to do with the use
11	association between carcinogenesis and	11	of talc as cited in the methods and
12	exposure to asbestos included in talc,	12	materials sections of the epidemiology
13	appears credible."	13	studies and in the specific biological
14	Do you have an opinion	14	experiments that I cited.
15	regarding that statement?	15	I am not a mineralogist. I
16	A. Yes. As I said, I think	16	am not a geologist. I have no comment on
17	that that my opinion, based on	17	the composition of talc today or prior to
18	everything that I've read is as I've	18	today, like in 2001, which was much long
19	stated it in my report, which is that	19	ago. So I don't even know that it's
20	there's no credible scientific evidence	20	relevant to today.
21	that talc causes cancer in the female	21	Q. If you have a if you turn
22	genital tract.	22	to Page 25 of your report. And you are
23	So again, I don't really	23	discussing the Buz'Zard paper. And your
24	think that this there's this is	24	opinion is that "this study and its
			,
	Page 307		Page 309
1		1	Page 309 interpretation by plaintiffs' experts is
1 2	basically just citing a couple of papers, and it's not in any way reputing anything	1 2	interpretation by plaintiffs' experts is
	basically just citing a couple of papers,		interpretation by plaintiffs' experts is seriously flawed for multiple reasons."
2	basically just citing a couple of papers, and it's not in any way reputing anything	2	interpretation by plaintiffs' experts is
2 3	basically just citing a couple of papers, and it's not in any way reputing anything that I've said, so	2 3	interpretation by plaintiffs' experts is seriously flawed for multiple reasons." The first reason that you
2 3 4	basically just citing a couple of papers, and it's not in any way reputing anything that I've said, so And I don't even know where	2 3 4	interpretation by plaintiffs' experts is seriously flawed for multiple reasons." The first reason that you give is, "The "the talc was obtained
2 3 4 5	basically just citing a couple of papers, and it's not in any way reputing anything that I've said, so And I don't even know where it's from. It's not cited on there. It	2 3 4 5	interpretation by plaintiffs' experts is seriously flawed for multiple reasons." The first reason that you give is, "The "the talc was obtained from a standard chemical reagent company,
2 3 4 5 6	basically just citing a couple of papers, and it's not in any way reputing anything that I've said, so And I don't even know where it's from. It's not cited on there. It wasn't I don't	2 3 4 5 6	interpretation by plaintiffs' experts is seriously flawed for multiple reasons." The first reason that you give is, "The "the talc was obtained from a standard chemical reagent company, Sigma, and its quality, mineral and/or
2 3 4 5 6 7	basically just citing a couple of papers, and it's not in any way reputing anything that I've said, so And I don't even know where it's from. It's not cited on there. It wasn't I don't Q. It's not it's from the	2 3 4 5 6 7	interpretation by plaintiffs' experts is seriously flawed for multiple reasons." The first reason that you give is, "The "the talc was obtained from a standard chemical reagent company, Sigma, and its quality, mineral and/or fibrous content and composition were not
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2 3 4 5 6 7 8 9 10 11 12 13 14 15	basically just citing a couple of papers, and it's not in any way reputing anything that I've said, so And I don't even know where it's from. It's not cited on there. It wasn't I don't Q. It's not it's from the American Journal of Respiratory A. Yeah. Q and Critical Care Medicine, 2001. A. Which, again, this was in 2001. There's a lot of science since 2001. I don't think it's relevant. And furthermore it's not	2 3 4 5 6 7 8 9 10 11 12 13 14	interpretation by plaintiffs' experts is seriously flawed for multiple reasons." The first reason that you give is, "The "the talc was obtained from a standard chemical reagent company, Sigma, and its quality, mineral and/or fibrous content and composition were not assessed." A. Mm-hmm. Q. And that was a criticism of the Buz'Zard paper, correct? A. Yes. Correct. Q. Do you know anything whatsoever about the quality, mineral and/or fibrous consent and composition of
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	Page 310		Page 312
1	A. Studies done with talcum	1	in this litigation.
2	powder would not be directly relevant to	2	You said prior to this
3	Johnson' Baby Powder, but studies done	3	litigation, didn't you?
4	with Johnson & Johnson Baby Powder are	4	Q. I did.
5	relevant. So	5	Did you look at Dr. Saed's
6	But in any event, this paper	6	CV after being retained to testify in
7	is not conclusive in any way that talc is	7	this litigation?
8	pro-oncogenic.	8	A. I I didn't look. I don't
9	Q. I I didn't ask that	9	recall if I looked at his complete I
10	question. That's nonresponsive.	10	think I did look at his CV in the context
11	I was just asking why it	11	of his report. But I also did a search
12	mattered what the quality, mineral,	12	on PubMed for the relevant papers.
13	and/or fibrous content and composition	13	Q. That was Exhibit 29. A
14	were in the paper using talcum powder by	14	partial
15	Buz'Zard.	15	(Document marked for
16	MS. SHARKO: Is that	16	identification as Exhibit
17	wait. Is that a question? Or is	17	
18		18	Neel-29.) MS. SHARKO: This begins
19	that an explanation for why you		<u> </u>
	asked the question?	19	with Page 29?
20	BY DR. THOMPSON:	20	DR. THOMPSON: Yes.
21	Q. Does it matter what the	21	MS. SHARKO: Is that
22	quality, mineral and/or fibrous content	22	correct?
23	and composition of talcum powder is when	23	DR. THOMPSON: Yes.
24	you're assessing its potential molecular	24	BY DR. THOMPSON:
	Page 311		Page 313
1		1	
1 2	effects?	1 2	Q. And like like yourself,
	effects? MS. SHARKO: Objection.	1	Q. And like like yourself, Dr. Saed's CV is quite extensive.
2	effects? MS. SHARKO: Objection. Asked and answered.	2	Q. And like like yourself, Dr. Saed's CV is quite extensive.
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2 3 4 5	effects? MS. SHARKO: Objection. Asked and answered. THE WITNESS: It matters if you are trying to infer from	2 3 4 5	Q. And like like yourself, Dr. Saed's CV is quite extensive. A. I wouldn't agree with that statement. Q. Okay. It's 100, over 100
2 3 4	effects? MS. SHARKO: Objection. Asked and answered. THE WITNESS: It matters if you are trying to infer from studies done with Sigma that that	2 3 4 5 6	Q. And like like yourself, Dr. Saed's CV is quite extensive. A. I wouldn't agree with that statement. Q. Okay. It's 100, over 100 pages. So
2 3 4 5 6	effects? MS. SHARKO: Objection. Asked and answered. THE WITNESS: It matters if you are trying to infer from studies done with Sigma that that definitely applies to Johnson &	2 3 4 5 6 7	Q. And like like yourself, Dr. Saed's CV is quite extensive. A. I wouldn't agree with that statement. Q. Okay. It's 100, over 100 pages. So A. Quantity is not quality.
2 3 4 5 6 7 8	effects? MS. SHARKO: Objection. Asked and answered. THE WITNESS: It matters if you are trying to infer from studies done with Sigma that that definitely applies to Johnson & Johnson's products.	2 3 4 5 6 7 8	Q. And like like yourself, Dr. Saed's CV is quite extensive. A. I wouldn't agree with that statement. Q. Okay. It's 100, over 100 pages. So A. Quantity is not quality. Q. I
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	Dana 214		Dama 216
_	Page 314		Page 316
1	CV important or Dr. Saed's previous	1	epithelial ovarian cancer?
2	publications?	2	A. I don't know what "many
3	A. Once I read them, yes. I	3	scientists" mean. Some scientists do.
4	didn't read all of them. But I read	4	Q. Some scientists?
5	several of them, as I've cited in my	5	A. Yes.
6	report. And I'm happy to go through each	6	Q. Do you disagree with those
7	one of them and show why they're all	7	scientists?
8	flawed.	8	A. I think that oxidative
9	Q. I'm asking questions.	9	stress resulting from follicular fluid
10	A. I'm answering your	10	that's released from ovarian from
11	questions.	11	ovulation events, there could be
12	Q. That's not something I want	12	prooxidant species in there. But I
13	to know. I don't believe I asked that	13	certainly think that oxidative stress
14	particular question.	14	arising from general metabolism, which is
15	A. You asked me if I considered	15	primarily endogenous, mitochondrial
16	them relevant. And I told you that I	16	oxygen the act of oxygen production
17	did. And I read them, and that's why I	17	can contribute to cancer generation.
18	assessed the studies as quite poor.	18	Q. And you do not believe that
19	Q. Looking at his CV, would you	19	oxidative stress from exogenous factors
20	agree that the focus of his lab has the	20	plays a role?
21	study of oxidative stress and its	21	A. I don't think there's any
22	biological effects?	22	compelling evidence that oxidative stress
23	MS. SHARKO: We don't have	23	from exogenous agents plays a role in
24	his CV in front of us.	24	high grade serous ovarian cancer. That's
	Page 315		Page 317
1	Page 315 BY DR. THOMPSON:	1	Page 317 what I think.
1 2		1 2	
	BY DR. THOMPSON:		what I think.
2	BY DR. THOMPSON: Q. Looking at his published	2	what I think. I think that it's
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	Page 318		Page 320
1	Q. And is it your opinion that	1	as nonresponsive.
2	oxidative stress from exogenous sources	2	BY DR. THOMPSON:
3	has no role in ovarian cancer?	3	Q. I asked you for a paper.
4	A. I think I just answered that	4	A. Well, the paper the paper
5	question.	5	is the TCGA report. And if you look at
6	*	6	the tables that come with the TCGA report
7	Q. Okay. And do you believe that the scientists that would take	7	
8		8	which are now put on websites, and it is there. So yes, the TCGA 2012 report has
9	another position are unreasonable? A. I would have to see the	1	
		9 10	RNA sequencing data on ovarian cancers,
10	details of the position. My objection to	l	and if you look at that you will see that
11	Dr. Saed's data, results or claims, are	11	there's no significant expression of
12	not that he's taking another position.	12	myeloperoxidase in ovarian cancer.
13	It's that the evidence that he adduces to	13	MS. SHARKO: Mr. Tisi, could
14	support his claims is either nonexistent	14	you it's happened several
15	or poor.	15	times. Could you please not talk
16	Q. But there are other	16	while the witness is talking.
17	scientists that have reported similar	17	MR. TISI: Actually I don't
18	experiments and to Dr. Saed, and would	18	think I'd be curious if you
19	you include them in the same category?	19	heard it.
20	A. You'll have to tell me	20	THE WITNESS: I actually
21	exactly what experiments you are	21	did, but I tried to focus on DR.
22	referring to.	22	THOMPSON.
23	Q. Okay.	23	MR. TISI: I'm allowed to
24	A. I don't think anybody has	24	whisper to my colleague here. So
-		_	
1	reported the myeloperoxidase in ovarian	1	if I interrupt you, I apologize.
2	reported the myeloperoxidase in ovarian cancer cells because it doesn't appear to	2	if I interrupt you, I apologize. Would you do me a favor and let me
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	Page 322		Page 324
1	papers regarding myeloperoxidase that	1	exclusive
2	have been peer-reviewed?	2	A. I don't
3	A. Yes, he has.	3	Q to what you're working
4	Q. And there are other authors	4	on?
5	on those papers as well, correct?	5	A. I know so my interest in
6	A. I think they are all from	6	oxidation has to do with normal
7	his lab.	7	physiological regulation and pathological
8	Q. Is there any overlap between	8	regulation of protein tyrosine
9	your research and phosphorylation	9	phosphatase activity.
10	cascades and signal transduction did	10	I'm not sure which
11	I was that kind of close?	11	particular paper of Dr. Saed you are
12	A. It's good.	12	referring to, but I think many of the
13	Q. It worked. All right.	13	papers don't address what you say they
14	and Dr. Saed's research	14	are addressing. They may say that in the
15	in oxidative stress?	15	title, but they don't address that issue.
16	A. I'm an expert in oxidation	16	Q. You would agree that
17	of protein-tyrosine phosphatases. We	17	inflammation is part of a wider signaling
18	developed some of the novel technologies	18	network, wouldn't you?
19	that were published in high quality	19	A. That inflammation is part of
20	journals on this subject. So I do have,	20	a wider signaling network? No, I
21	you know, a significant familiarity with	21	wouldn't agree with that statement. I
22	the issues attended to oxidative stress	22	don't see that that's
23	and oxidation-induced signaling.	23	Q. Is is
24	So ox you know, reactive	24	A it's a non sequitur in my
	,		1
	Page 323		Page 325
1	Page 323 oxygen species are not just produced as a	1	Page 325 opinion.
2		1 2	
	oxygen species are not just produced as a		opinion.
2	oxygen species are not just produced as a pathological event. They're actually	2	opinion. Q. Is oxidative stress a part
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21 any where close to 427 publications 24 Q. Tean.	4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	genetic mutations, correct? A. Yes. Q. So under the right conditions, chronic inflammation could result in increasing ROS that could cause genetic mutations that could cause cancer, theoretically? A. In certain context, yes. Q. When I searched PubMed, I found the following, searching cancer and inflammation. 78,901, does that sound reasonable? A. I have no idea, but I wouldn't Q. Ovarian cancer and inflammation, 1306. Oxidative stress and cancer, 23,845 publications. And oxidative stress and oxidative cancer,	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	stress plays a role in ovarian cancer. I'm saying Dr. Saed's papers are categorically and fundamentally flawed in almost every single instance. Q. So are you saying that oxidative stress is a plausible mechanism for ovarian cancer? A. I'm not taking a position one way or the other on that issue. Q. Okay. So you do not have a you don't have a position on whether oxidative stress has a role in the pathogenesis of ovarian cancer. Your opinions today are specifically about Dr. Saed and his work? MS. SHARKO: Object to the form of the question. Lacks foundation. THE WITNESS: Can you ask

83 (Pages 326 to 329)

1 A. I categorically say that	Dago 220
I ⊥ A. I categorically say that	Page 332
2 none of Dr. Saed's work that wa	
3 forward as evidence in support of	
4 contentions in his report is credi	
5 That I say categorically.	5 different that's materially different
6 Q. Okay.	6 from what I wrote in my report.
7 A. In terms of whether	7 Q. But you didn't see any
8 oxidative stress plays a role in o	
9 cancer, that question is too broa	d. If 9 A. I didn't realize it was out
10 you narrow the question and ask	k me a more 10 yet.
specific question, I might be abl	le to
give an opinion. But I think the	
is still under debate.	13 A. They mentioned to me
14 I think I made it very cl	
what the well-established pathog	
16 ovarian cancer is.	16 wait. What was discussed with the
17 There's there is one S	
which I mentioned in my report,	
which interestingly is not a SNF	
20 Dr. Saed cites, because I don't the	
he's familiar with the GWAS lit	
That's the is associated.	22 withstand critical scrutiny."
23 I haven't had a chance t	J.
really look in detail as to what's	J
= 1 really look in detail as to what's	Statement.
	Page 331 Page 333
about that SNP. So that SNP d	loes raise 1 A. Yes. Every word.
2 the possibility that oxidative str	ress in 2 Q. Is that a statement that you
3 some form might be involved in	the 3 would put in a scholarly publication?
4 pathogenesis of some ovarian c	
5 I haven't really studied that in o	letail. 5 flawed, yes. But it would be assumed if
5 I haven't really studied that in c	6 I said that paper was in fact I've
6 BY DR. THOMPSON:	1 bara that paper was in fact ive
6 BY DR. THOMPSON:	
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84 (Pages 330 to 333)

	Page 334		Page 336
1	journal, yes.	1	there?
2	Q. And did you review the peer	2	A. I don't know what
3	reviewers' comments to Dr. Saed's paper?	3	literature p53 is the paradigmatic
4	A. I did. I think I cited some	4	tumor suppressor gene along with RD and
5	of the peer reviewers' comments.	5	PTEN.
6	Q. And we'll go over those in a	6	Q. And you state one of your
7	minute.	7	basis for that claim is that Dr. Saed
8	And did you also write the	8	makes a truly extraordinary claim that
9	sentence that questioned Dr. Saed's,	9	talc treatment was associated with a
10	quote, knowledge of basic cancer cell	10	genotype switch for SNPs in redox
11	biology, genetics and biochemistry?	11	enzymes. If you read his paper, it would
12	A. Yes, I did.	12	be clear that he was talking about a
13	Q. What was your basis of	13	nucleotide nucleotide switch, correct?
14	questioning his knowledge of basic cancer	14	A. That's what a genotype is.
15	cell biology, genetics and biochemistry?	15	MR. LOCKE: Objection.
16	A. Well, there were several	16	BY DR. THOMPSON:
17	reasons that I based that. So it had to	17	Q. Well, why is that an
18	do with the fact that, for example, he	18	extraordinary claim?
19	mischaracterized can we go to the	19	A. Because it's impossible that
20	actual page in my report? I think I	20	that would happen in 72 hours in, in
21	actually provide the explanations there.	21	effect, a single nucleotide with
22	Where is that exactly? Oh, okay here. I	22	100 percent penetrance.
23	said it.	23	Q. So do you believe that
24	Q. Page 23.	24	Dr. Saed made up his results?
2 1	Q. Tage 23.		Dr. Saca made up ins results:
	Page 335		Page 337
1	A. Yes. Dr. Saed okay. For	1	A. I have no idea why Dr. Saed
2	example, he states that p53 is an	2	is making that claim. But it's simply
3	oncogene, whereas it is a paradigmatic	3	impossible. It would be like finding a
4	tumor suppressor gene.		impossiore: it would be like initially a
5		4	needle in a haystack and turning the
		5	needle into a hammer
6	He stated in his deposition	5	needle into a hammer.
6 7	He stated in his deposition that cells are grown at normal oxygen and	5 6	needle into a hammer. Q. Did any of the peer
7	He stated in his deposition that cells are grown at normal oxygen and glucose level.	5 6 7 8	needle into a hammer. Q. Did any of the peer reviewers say that that claim was
7 8	He stated in his deposition that cells are grown at normal oxygen and glucose level. Q. And they	1 2 3 4 5 6 7 8	needle into a hammer. Q. Did any of the peer reviewers say that that claim was extraordinary?
7 8 9	He stated in his deposition that cells are grown at normal oxygen and glucose level. Q. And they A. That's not true. I put the	9	needle into a hammer. Q. Did any of the peer reviewers say that that claim was extraordinary? A. I don't recall if they
7 8 9 10	He stated in his deposition that cells are grown at normal oxygen and glucose level. Q. And they A. That's not true. I put the explanation.	9	needle into a hammer. Q. Did any of the peer reviewers say that that claim was extraordinary? A. I don't recall if they commented on it. I don't think they did,
7 8 9 10 11	He stated in his deposition that cells are grown at normal oxygen and glucose level. Q. And they A. That's not true. I put the explanation. Q. I know. We're going to go	9 10 11	needle into a hammer. Q. Did any of the peer reviewers say that that claim was extraordinary? A. I don't recall if they commented on it. I don't think they did, which illustrates the poor quality for
7 8 9 10 11	He stated in his deposition that cells are grown at normal oxygen and glucose level. Q. And they A. That's not true. I put the explanation. Q. I know. We're going to go over those now.	9 10 11 12	needle into a hammer. Q. Did any of the peer reviewers say that that claim was extraordinary? A. I don't recall if they commented on it. I don't think they did, which illustrates the poor quality for peer review for that journal. There's no
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7 8 9 10 11 12 13 14 15 16 17	He stated in his deposition that cells are grown at normal oxygen and glucose level. Q. And they A. That's not true. I put the explanation. Q. I know. We're going to go over those now. A. I'm just answering your question. Q. For example, he states that p53 is an oncogene. Are you aware of literature that describes p53 as an	9 10 11 12 13 14 15 16 17	needle into a hammer. Q. Did any of the peer reviewers say that that claim was extraordinary? A. I don't recall if they commented on it. I don't think they did, which illustrates the poor quality for peer review for that journal. There's no way that statement would have escaped the attention of any qualified peer reviewer. And I believe that if you read Dr. Birrer's report, he points to the same issue. So any qualified
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7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	He stated in his deposition that cells are grown at normal oxygen and glucose level. Q. And they A. That's not true. I put the explanation. Q. I know. We're going to go over those now. A. I'm just answering your question. Q. For example, he states that p53 is an oncogene. Are you aware of literature that describes p53 as an oncogene? A. The lit p53 was originally described as an oncogene, and that was discovered subsequently that it was a tumor suppressor gene.	9 10 11 12 13 14 15 16 17 18 19 20 21 22	needle into a hammer. Q. Did any of the peer reviewers say that that claim was extraordinary? A. I don't recall if they commented on it. I don't think they did, which illustrates the poor quality for peer review for that journal. There's no way that statement would have escaped the attention of any qualified peer reviewer. And I believe that if you read Dr. Birrer's report, he points to the same issue. So any qualified molecular biologist would have noted that and pointed out how absurd the claim. Q. Are you aware that the abstract that describes the mutations in the SNPs was reviewed by five to six
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	He stated in his deposition that cells are grown at normal oxygen and glucose level. Q. And they A. That's not true. I put the explanation. Q. I know. We're going to go over those now. A. I'm just answering your question. Q. For example, he states that p53 is an oncogene. Are you aware of literature that describes p53 as an oncogene? A. The lit p53 was originally described as an oncogene, and that was discovered subsequently that it	9 10 11 12 13 14 15 16 17 18 19 20 21	needle into a hammer. Q. Did any of the peer reviewers say that that claim was extraordinary? A. I don't recall if they commented on it. I don't think they did, which illustrates the poor quality for peer review for that journal. There's no way that statement would have escaped the attention of any qualified peer reviewer. And I believe that if you read Dr. Birrer's report, he points to the same issue. So any qualified molecular biologist would have noted that and pointed out how absurd the claim. Q. Are you aware that the abstract that describes the mutations in

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1 A. I have no idea who reviewed 2 those. But they also have no knowledge 3 of modern molecular biology if they 4 accepted that claim. The fact that they 5 don't understand what they're reviewing 6 doesn't mean that they know what they're 7 talking about. I'm telling you that 8 there is absolutely no way that you can 9 get that kind of a genotype. 10 In plus, I looked at the 11 question. 2 Since, you know, Ms. Sharko 3 challenged me, you've been program 4 director for meetings, correct? 5 A. Yes. 6 Q. What was your policy or AAC 7 policy for evaluating and determining 8 what abstracts to accept for presentation 9 get that kind of a genotype. 10 In plus, I looked at the 11 underlying data on which he based his 12 claim, and the actual assay is flawed, 13 and he didn't do the follow-up study that 1 That's a big difference.
those. But they also have no knowledge of modern molecular biology if they accepted that claim. The fact that they don't understand what they're reviewing doesn't mean that they know what they're talking about. I'm telling you that there is absolutely no way that you can get that kind of a genotype. In plus, I looked at the underlying data on which he based his claim, and the actual assay is flawed, Since, you know, Ms. Sharko challenged me, you've been program director for meetings, correct? A. Yes. Q. What was your policy or AAC policy for evaluating and determining what abstracts to accept for presentation at a meeting, at a national meeting? A. First of all, my understanding was that this was not presented. It was presented as a poster.
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claim, and the actual assay is flawed, 12 presented. It was presented as a poster.
would have been necessary to prove that 14 Q. Okay. Whatever the level,
15 it was true. 15 poster, presentation, published abstract
16 MS. SHARKO: I would just 16 How did that process work when were y
17 ask that we be provided with a 17 program director?
18 copy of these five to six peer 18 A. So we had people reviewing
19 reviewers. I think the court 19 the abstracts. The reviews for
20 ordered you to do that, and I'll 20 abstracts, especially those for poster
21 send you yet another letter on it. 21 when you review abstracts at a meeting
22 But that doesn't sound like 22 like this, there's literally thousands of
23 something that was produced to us 23 abstracts. So you have to read through
24 among the peer review that was. 24 lot of them very quickly. And the
24 among the peer review that was. 24 for or them very quickly. And the
Page 339 Page 1
1 And so, we'd like a copy. 1 standard for accepting things for posters
DR. THOMPSON: There is 2 is quite low. It's nowhere near rigorous
3 nothing in writing for abstracts 3 as what you would get for a high quality
4 accepted for meetings. But I can 4 journal.
5 give you the policy of the meeting 5 And Basically, people just
6 regarding how abstracts are peer 6 want to see what's in the poster.
7 reviewed. 7 So the fact that it was
8 MS. SHARKO: You just said 8 passed that five people looked at it
9 there were five to six peer 9 means that it was probably written in
10 reviewers. Now you're saying 10 English, and not much more.
there aren't? 11 Q. And if SGO accepts
DR. THOMPSON: I said they 12 25 percent of abstracts submitted, that
don't provide anything to the 13 would probably be typical for a large
14 authors of abstracts regarding the 14 national meeting?
results of their peer review. 15 A. No. Not for posters. I
16 THE WITNESS: Can I respond 16 think when I was AACR program direct
to that? 17 we accepted a lot more than that. And
= · · · · · · · · · · · · · · · · · · ·
18 BY DR. THOMPSON: 18 from other meetings, like Cold Spring
18 BY DR. THOMPSON: 19 Q. I haven't asked you a 18 from other meetings, like Cold Spring 19 Harbor meetings and facet (ph) meeting
18 BY DR. THOMPSON: 19 Q. I haven't asked you a 20 question. 18 from other meetings, like Cold Spring 19 Harbor meetings and facet (ph) meeting 20 we accept all the poster abstracts. It's
18 BY DR. THOMPSON: 19 Q. I haven't asked you a 20 question. 21 MS. SHARKO: She's not going 18 from other meetings, like Cold Spring 19 Harbor meetings and facet (ph) meeting 20 we accept all the poster abstracts. It's 21 the presented ones, the ones that are
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	Page 342		Page 344
1	And even there, that's not	1	retained?
2	really peer review. All we're seeing is	2	A. No.
3	what the person provided in the abstract.	3	Q. Did Dr. Saed publish
4	We're not seeing the data. And I'm	4	articles regarding cancer biology prior
5	telling you from looking at the data,	5	to 2017?
6	it's an extraordinary claim.	6	A. Yes. Apparently. I mean,
7	Q. If SGO accepts 25 percent of	7	from his CV and from my backwards search
8	abstracts for any type of presentation,	8	of his record.
9	whether it be poster or meeting, do you	9	Q. And did Dr. Saed publish
10	have any reason to doubt that figure?	10	articles about inflammation and ovarian
11	MS. SHARKO: Well, I object	11	cancer prior to 2017?
12	to the form of the question.	12	A. He published papers that
13	Lacks foundation. And I'm not	13	claim to be about inflammation, yes.
14	sure I understand it.	14	That's not the same thing.
15	THE WITNESS: So	15	Q. It's not the same
16	BY DR. THOMPSON:	16	A. We'd have to go through each
17	Q. Did you understand the	17	paper.
18	question?	18	Q thing to claim and to be
19	A. Not really. What's the	19	about inflammation?
20	question?	20	A. Well, we'd have to go
21	DR. THOMPSON: Okay. You	21	through the actual paper to see whether
22	can leave off the speaking	22	it's convincing.
23	objections.	23	For example, he says he
24	BY DR. THOMPSON:	24	publishes papers about oxidative stress,
	Page 343		Page 345
1		1	
1 2	Q. The question is if SGO	1 2	but the papers just look at levels of
	Q. The question is if SGO represents that they accept 25 percent of	1	but the papers just look at levels of redox enzymes. And that alone does not
2	Q. The question is if SGO represents that they accept 25 percent of abstracts submitted at any level, do you	2	but the papers just look at levels of
2 3 4	Q. The question is if SGO represents that they accept 25 percent of abstracts submitted at any level, do you have any reason to dispute that?	2 3	but the papers just look at levels of redox enzymes. And that alone does not say anything about the net oxidative tone
2 3	Q. The question is if SGO represents that they accept 25 percent of abstracts submitted at any level, do you have any reason to dispute that? A. I have no knowledge one way	2 3 4	but the papers just look at levels of redox enzymes. And that alone does not say anything about the net oxidative tone in cells. You actually have to directly measure it.
2 3 4 5	Q. The question is if SGO represents that they accept 25 percent of abstracts submitted at any level, do you have any reason to dispute that? A. I have no knowledge one way or the other. I have no opinion on that	2 3 4 5	but the papers just look at levels of redox enzymes. And that alone does not say anything about the net oxidative tone in cells. You actually have to directly
2 3 4 5 6	Q. The question is if SGO represents that they accept 25 percent of abstracts submitted at any level, do you have any reason to dispute that? A. I have no knowledge one way or the other. I have no opinion on that subject.	2 3 4 5 6	but the papers just look at levels of redox enzymes. And that alone does not say anything about the net oxidative tone in cells. You actually have to directly measure it. And as I said in my report, he made these claims in his most recent
2 3 4 5 6 7	Q. The question is if SGO represents that they accept 25 percent of abstracts submitted at any level, do you have any reason to dispute that? A. I have no knowledge one way or the other. I have no opinion on that	2 3 4 5 6 7	but the papers just look at levels of redox enzymes. And that alone does not say anything about the net oxidative tone in cells. You actually have to directly measure it. And as I said in my report,
2 3 4 5 6 7 8	Q. The question is if SGO represents that they accept 25 percent of abstracts submitted at any level, do you have any reason to dispute that? A. I have no knowledge one way or the other. I have no opinion on that subject. Q. Okay. And if SGO sends	2 3 4 5 6 7 8	but the papers just look at levels of redox enzymes. And that alone does not say anything about the net oxidative tone in cells. You actually have to directly measure it. And as I said in my report, he made these claims in his most recent paper, which was just apparently
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2 3 4 5 6 7 8 9 10 11	Q. The question is if SGO represents that they accept 25 percent of abstracts submitted at any level, do you have any reason to dispute that? A. I have no knowledge one way or the other. I have no opinion on that subject. Q. Okay. And if SGO sends abstracts to reviewers who identify themselves as experts in the field, do you have any reason to dispute that representation?	2 3 4 5 6 7 8 9 10 11	but the papers just look at levels of redox enzymes. And that alone does not say anything about the net oxidative tone in cells. You actually have to directly measure it. And as I said in my report, he made these claims in his most recent paper, which was just apparently published, about oxidative stress. But he never measured it. So you can't really say that there's a change in oxidative stress
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2 3 4 5 6 7 8 9 10 11 12 13	Q. The question is if SGO represents that they accept 25 percent of abstracts submitted at any level, do you have any reason to dispute that? A. I have no knowledge one way or the other. I have no opinion on that subject. Q. Okay. And if SGO sends abstracts to reviewers who identify themselves as experts in the field, do you have any reason to dispute that representation? A. I don't know what field we're talking about. Q. Molecular biology for	2 3 4 5 6 7 8 9 10 11 12 13	but the papers just look at levels of redox enzymes. And that alone does not say anything about the net oxidative tone in cells. You actually have to directly measure it. And as I said in my report, he made these claims in his most recent paper, which was just apparently published, about oxidative stress. But he never measured it. So you can't really say that there's a change in oxidative stress without measurement. You actually have to measure it.
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Q. The question is if SGO represents that they accept 25 percent of abstracts submitted at any level, do you have any reason to dispute that? A. I have no knowledge one way or the other. I have no opinion on that subject. Q. Okay. And if SGO sends abstracts to reviewers who identify themselves as experts in the field, do you have any reason to dispute that representation? A. I don't know what field we're talking about. Q. Molecular biology for example?	2 3 4 5 6 7 8 9 10 11 12 13 14 15	but the papers just look at levels of redox enzymes. And that alone does not say anything about the net oxidative tone in cells. You actually have to directly measure it. And as I said in my report, he made these claims in his most recent paper, which was just apparently published, about oxidative stress. But he never measured it. So you can't really say that there's a change in oxidative stress without measurement. You actually have to measure it. He didn't measure 8-oxodG. He didn't measure BODIPY. And he didn't
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. The question is if SGO represents that they accept 25 percent of abstracts submitted at any level, do you have any reason to dispute that? A. I have no knowledge one way or the other. I have no opinion on that subject. Q. Okay. And if SGO sends abstracts to reviewers who identify themselves as experts in the field, do you have any reason to dispute that representation? A. I don't know what field we're talking about. Q. Molecular biology for example? MS. SHARKO: Object to the form. Lacks foundation. THE WITNESS: I have I have no knowledge of what SGO does. I don't go to SGO meetings. BY DR. THOMPSON:	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	but the papers just look at levels of redox enzymes. And that alone does not say anything about the net oxidative tone in cells. You actually have to directly measure it. And as I said in my report, he made these claims in his most recent paper, which was just apparently published, about oxidative stress. But he never measured it. So you can't really say that there's a change in oxidative stress without measurement. You actually have to measure it. He didn't measure 8-oxodG. He didn't measure BODIPY. And he didn't measure DCF florescence. Those are the standard measurements, among others, for looking at the net tone of reactive oxygen species inside cells, or other forms of reactive oxygen of of oxidative stress like lipid peroxidation

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	Page 346		Page 348
1	nonresponsive.	1	journals, including use of multiple
2	BY DR. THOMPSON:	2	siRNAs and rescue controls.
3	Q. Did he publish any articles	3	So those those papers
4	about ovarian cancer and oxidative stress	4	which I'm absolutely sure I did cite
5	prior to 2017?	5	somewhere in this report, or at least I'm
6	A. He did. And some of those	6	pretty sure. We can go through my entire
7	are among the most that are off the	7	report, but I'm pretty sure that I cited
8	most off point for this particular	8	those papers and that specific
9	question.	9	information, that that gives me that
10	Q. Are you finished?	10	makes me question the quality of his
11	A. Mm-hmm.	11	work. As I said in my report.
12	Q. Did you review any of	12	Q. But those papers were all
13	Dr. Saed's pre-2017 articles?	13	peer reviewed and published in journals,
14	A. Several of them, yes.	14	correct?
15	Q. And did you bring those with	15	A. As I said, none of his
16	you today?	16	papers are published in high in high
17	A. As I told you at the	17	impact journals and the quality of review
18	beginning of the deposition, I didn't	18 19	at lower quality journals often matches
19 20	bring anything with me today except my	20	the quality of the journal.
21	coat.	21	Q. And you would consider
22	Q. Are they listed on your materials considered list?	22	Gynecologic Oncology a lower tiered journal?
23	A. Anything that I read of	23	A. I think it depends on what's
24	Dr. Saed's that I believe is relevant to	24	being published in Gynecological
21	Dr. Sacus that I believe is relevant to		being published in Gynecological
	Page 347		Page 349
1	this is referenced in their the report.	1	Oncology. There are very fine papers
2	Q. I did not see any articles	2	published in Gynecological Oncology, but
3	of Dr. Saed's listed.	3	it depends on the particular topic.
4	A. Then I didn't think they	4	And high quality molecular
5	were relevant to the report.	5	biology papers are rarely published in
6	Q. So you do not think any of	6	Gynecologic Oncology. Some of them are.
7	Dr. Saed's prior publications were	7	Q. How about Cancer?
8	relevant to your opinion that Dr. Saed	8	A. Cancer is a very low
9	lacks knowledge of basic cancer cell	9	quality a low impact journal.
10	biology, genetics and biochemistry?	10	Q. Would it be important for
11	A. No, I actually do think they	11	you to to look at the methodology that
12	were. I think I'm pretty sure I cited	12	Dr. Saed had previously published in
13	an earlier paper where he used where	13	papers?
14	he did where for example, where he	14	A. As I just said, I did look
15	claimed that myeloperoxidase was in	15	at the methodology. I always read papers
16	cells. He did that based on immuno	16	very extensively. When I I mean, one
17	staining, but he didn't have the proper	17	of the things that I focus on most is the
18	controls for myeloperoxidase. So all he	18	methods.
19	did was use an antibody. So that doesn't	19 20	I always teach my students
20 21	prove that it's there. And and his claims for	20	and postdocs that the methods are the
22		21	most important thing you can read when
23	perturbation experiments involve the use of siRNAs. And he didn't have the proper	23	evaluating a paper, because otherwise you can't know whether the data are valid.
	controls that are required by all major	24	So, yes, I did extensively
24			

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	Page 350		Page 352
1	look at his work.	1	a break.
1		2	THE VIDEOGRAPHER: Remove
2 3	Q. And you'll agree that Dr. Saed has considered the molecular	3	
		4	your microphones, please. The
4 5	changes in various histologic subtypes of	5	time is 3:34 p.m. Off the record. (Short break.)
6	ovarian cancer, right?	6	THE VIDEOGRAPHER: We are
7	A. What do you mean considered?	7	back on the record. The time is
8	Q. He's published use	8	
9	using looking at molecular changes in	9	3:58 p.m. BY DR. THOMPSON:
10	histologic subtypes?	10	Q. Dr. Neel, are all the
11	A. I'm not sure which paper you	11	
12	are referring to, but I don't really think so.	12	criticisms that you have of Dr. Saed contained in your report?
13	In fact, one of the features	13	· · · · · · · · · · · · · · · · · · ·
14		14	A. I believe so, yes. Q. Are there
15	of Dr. Saed's work is he does not appear to be aware of the recent evidence from	15	A. Of the papers that are
16		16	relevant to this case, yes.
17	Domcke, et al. and others that traditional so-called ovarian cancer cell	17	Q. And are all the papers that
18		18	you relied upon for your criticisms with
19	lines are not representative of ovarian cancer at least traditional serous	19	Dr. Saed contained in the report?
20	ovarian cancer cell lines are not really	20	A. I believe so, I'd have to
21	serous cancer lines.	21	can I look through the references? I'm
22	So he uses standard ovarian	22	pretty sure, but I guess his new
23	cancer cell lines in some of his work	23	paper, I don't have the final citation
24	subsequent to the publication of his work	24	for that. So that would not be in the
24	subsequent to the publication of his work	74	for that. So that would not be in the
	Page 351		Page 353
1	such as Domcke, et al. in Nature	1	Page 353 report.
1 2		2	_
1 2 3	such as Domcke, et al. in Nature	1 2 3	report.
4	such as Domcke, et al. in Nature Communications in 2013 that are not real	2 3 4	report. Let's see. I'd have to look
4	such as Domcke, et al. in Nature Communications in 2013 that are not real serous cancer lines and yet he makes the claim that they are or he assumes that they are.	2 3 4 5	report. Let's see. I'd have to look through the report. If you want me to
456	such as Domcke, et al. in Nature Communications in 2013 that are not real serous cancer lines and yet he makes the claim that they are or he assumes that they are. So I did read those papers	2 3 4 5 6	report. Let's see. I'd have to look through the report. If you want me to take the time, I'm happy to do it.
4567	such as Domcke, et al. in Nature Communications in 2013 that are not real serous cancer lines and yet he makes the claim that they are or he assumes that they are. So I did read those papers quite thoroughly. And I can tell you on	2 3 4 5 6 7	report. Let's see. I'd have to look through the report. If you want me to take the time, I'm happy to do it. Q. That's fine, because I need to know what literature you're relying on that forms the basis of your criticism of
4 5 6 7 8	such as Domcke, et al. in Nature Communications in 2013 that are not real serous cancer lines and yet he makes the claim that they are or he assumes that they are. So I did read those papers quite thoroughly. And I can tell you on multiple occasions his work is not	2 3 4 5 6	report. Let's see. I'd have to look through the report. If you want me to take the time, I'm happy to do it. Q. That's fine, because I need to know what literature you're relying on
4 5 6 7 8 9	such as Domcke, et al. in Nature Communications in 2013 that are not real serous cancer lines and yet he makes the claim that they are or he assumes that they are. So I did read those papers quite thoroughly. And I can tell you on multiple occasions his work is not scientifically conclusive and in some	2 3 4 5 6 7 8	report. Let's see. I'd have to look through the report. If you want me to take the time, I'm happy to do it. Q. That's fine, because I need to know what literature you're relying on that forms the basis of your criticism of Dr. Saed. A. So I did read the paper. On
4 5 6 7 8 9	such as Domcke, et al. in Nature Communications in 2013 that are not real serous cancer lines and yet he makes the claim that they are or he assumes that they are. So I did read those papers quite thoroughly. And I can tell you on multiple occasions his work is not scientifically conclusive and in some places categorically flawed.	2 3 4 5 6 7 8 9	report. Let's see. I'd have to look through the report. If you want me to take the time, I'm happy to do it. Q. That's fine, because I need to know what literature you're relying on that forms the basis of your criticism of Dr. Saed. A. So I did read the paper. On Page 17, the statement that he made on
4 5 6 7 8 9 10	such as Domcke, et al. in Nature Communications in 2013 that are not real serous cancer lines and yet he makes the claim that they are or he assumes that they are. So I did read those papers quite thoroughly. And I can tell you on multiple occasions his work is not scientifically conclusive and in some places categorically flawed. Q. Has Dr. Saed to your	2 3 4 5 6 7 8 9 10 11	report. Let's see. I'd have to look through the report. If you want me to take the time, I'm happy to do it. Q. That's fine, because I need to know what literature you're relying on that forms the basis of your criticism of Dr. Saed. A. So I did read the paper. On Page 17, the statement that he made on his report on Page 5, ovarian cancer
4 5 6 7 8 9 10 11	such as Domcke, et al. in Nature Communications in 2013 that are not real serous cancer lines and yet he makes the claim that they are or he assumes that they are. So I did read those papers quite thoroughly. And I can tell you on multiple occasions his work is not scientifically conclusive and in some places categorically flawed. Q. Has Dr. Saed to your knowledge ever been reprimanded or	2 3 4 5 6 7 8 9 10 11	report. Let's see. I'd have to look through the report. If you want me to take the time, I'm happy to do it. Q. That's fine, because I need to know what literature you're relying on that forms the basis of your criticism of Dr. Saed. A. So I did read the paper. On Page 17, the statement that he made on his report on Page 5, ovarian cancer patients manifest significant because
4 5 6 7 8 9 10 11 12 13	such as Domcke, et al. in Nature Communications in 2013 that are not real serous cancer lines and yet he makes the claim that they are or he assumes that they are. So I did read those papers quite thoroughly. And I can tell you on multiple occasions his work is not scientifically conclusive and in some places categorically flawed. Q. Has Dr. Saed to your knowledge ever been reprimanded or sanctioned for publishing false data?	2 3 4 5 6 7 8 9 10 11 12 13	report. Let's see. I'd have to look through the report. If you want me to take the time, I'm happy to do it. Q. That's fine, because I need to know what literature you're relying on that forms the basis of your criticism of Dr. Saed. A. So I did read the paper. On Page 17, the statement that he made on his report on Page 5, ovarian cancer patients manifest significant because some of those refer to earlier papers,
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4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	such as Domcke, et al. in Nature Communications in 2013 that are not real serous cancer lines and yet he makes the claim that they are or he assumes that they are. So I did read those papers quite thoroughly. And I can tell you on multiple occasions his work is not scientifically conclusive and in some places categorically flawed. Q. Has Dr. Saed to your knowledge ever been reprimanded or sanctioned for publishing false data? A. I'm not accusing Dr. Saed of publishing false data. I'm accusing him of publishing bad science. I'm not accusing him of fraud. You only get reprimanded for fraud. Bad science, you just get a bad reputation. Q. Does Dr. Saed have a bad reputation? A. I don't know. But he does	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	report. Let's see. I'd have to look through the report. If you want me to take the time, I'm happy to do it. Q. That's fine, because I need to know what literature you're relying on that forms the basis of your criticism of Dr. Saed. A. So I did read the paper. On Page 17, the statement that he made on his report on Page 5, ovarian cancer patients manifest significant because some of those refer to earlier papers, which I just read. But I just cited his statement in the report and pointed out that it wasn't really relevant to his contention for the purpose of this litigation. So I would have to go back and see what those papers were. Q. Where are you referring to? A. Page 17.A at the bottom. MS. SHARKO: We also served
4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	such as Domcke, et al. in Nature Communications in 2013 that are not real serous cancer lines and yet he makes the claim that they are or he assumes that they are. So I did read those papers quite thoroughly. And I can tell you on multiple occasions his work is not scientifically conclusive and in some places categorically flawed. Q. Has Dr. Saed to your knowledge ever been reprimanded or sanctioned for publishing false data? A. I'm not accusing Dr. Saed of publishing false data. I'm accusing him of publishing bad science. I'm not accusing him of fraud. You only get reprimanded for fraud. Bad science, you just get a bad reputation. Q. Does Dr. Saed have a bad reputation? A. I don't know. But he does with me.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	report. Let's see. I'd have to look through the report. If you want me to take the time, I'm happy to do it. Q. That's fine, because I need to know what literature you're relying on that forms the basis of your criticism of Dr. Saed. A. So I did read the paper. On Page 17, the statement that he made on his report on Page 5, ovarian cancer patients manifest significant because some of those refer to earlier papers, which I just read. But I just cited his statement in the report and pointed out that it wasn't really relevant to his contention for the purpose of this litigation. So I would have to go back and see what those papers were. Q. Where are you referring to? A. Page 17.A at the bottom. MS. SHARKO: We also served a supplemental materials
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	Page 354		Page 356
1	THOMPSON. I assume you have that.	1	not what we're discussing. We're
2	DR. THOMPSON: Actually, I	2	not discussing the produced
3	intended to mark that. I don't	3	documents from Dr. Saed.
4	THE WITNESS: Yeah. The	4	THE WITNESS: We can go
5	same thing refers I'm sorry. I	5	through his CV, and I'm happy to
6	didn't want the same thing	6	point out which papers I read.
7	refers to Point B on Page 17.	7	DR. THOMPSON: Okay. Let's
8	That refers to an earlier paper by	8	go ahead and do that.
9	Dr. Saed, which I just cited based	9	THE WITNESS: So Number 1.
10	on his report. And his earlier	10	Number 2 is not relevant.
11	studies of the statements that	11	Number 3 is not relevant.
12	he made about the SNPs. So all of	12	BY DR. THOMPSON:
13	those earlier papers on SNPs that	13	Q. But, you'll agree that those
14	are not confirmed by the GWAS,	14	references are not included
15	genomewide association studies to	15	A. I didn't read them. Like I
16	be relevant to ovarian cancer, and	16	said
17	are listed here.	17	Q. Let me finish my question.
18	So I so I based it on his	18	MS. SHARKO: Wait. She's
19	report, and then I looked up the	19	going to ask a new question.
20	actual SNPs to see whether what he	20	BY DR. THOMPSON:
21	said had been confirmed by the	21	Q. That you'll agree that
22	GWAS studies.	22	those references were not included on
23	BY DR. THOMPSON:	23	either your reference list or your
24	Q. Is it your testimony that	24	materials considered list, correct?
			· · · · · · · · · · · · · · · · · · ·
	Page 355		Page 357
1	you read every article that was included	1	A. Well, because for the
2	in Dr. Saed's report?	2	standpoint of my report, the fact that
3	A. I definitely looked at every	3	it's not germane to the issue here is
4	article that he authored that is in his	4	what I was saying.
5	report. I can't remember if I read every	5	In other words, if you look
6	word. But I definitely looked at each of	6	on Page 17, he makes this statement that
7	them to see if I thought they were	7	ovarian cancer patients manifest
8	directly relevant. And I probably read a	8	significantly decreased levels of
9	large fraction of them.	9	antioxidants and higher level of
10	Q. And why are those not	10	oxidants.
11	included on your reference list?	11	I say regardless of whether
12	A. Because I was referring to	12	the statement is true, it's a non
13	them from his report.	13	sequitur. That's why I didn't list it as
14	MS. SHARKO: I mean, just so	14	a reference. And I didn't consider those
15	there's no confusion. We gave Dr.	15	papers as part of this report and part of
16	Neel all the exhibits and all the	16	my opinion about, you know, the role of
17	documents that Dr. Saed produced	17	talc and ovarian cancer because this is
		18	not relevant.
18	that's on Page 40. We didn't take	_	
18 19	that's on Page 40. We didn't take the time to list all that out.	19	So I looked at the paper.
	•	1	So I looked at the paper. Q. You're saying that statement
19	the time to list all that out. MS. O'DELL: That's not what	19	Q. You're saying that statement
19 20	the time to list all that out. MS. O'DELL: That's not what he was referring to in terms he	19 20	
19 20 21	the time to list all that out. MS. O'DELL: That's not what	19 20 21	Q. You're saying that statementin A comes from one of his other papers?A. He references the other
19 20 21 22	the time to list all that out. MS. O'DELL: That's not what he was referring to in terms he wasn't referring to produced	19 20 21 22	Q. You're saying that statement in A comes from one of his other papers?

90 (Pages 354 to 357)

	Page 358		Page 360
1	what's happened in already developed	1	DR. THOMPSON: That's
2	ovarian cancer. And the issue at hand is	2	Dr. Neel
3	whether talc produces oxidative stress	3	MS. SHARKO: I don't agree
4	which causes ovarian cancer which occurs	4	with that. But anyway, go ahead.
5	before fully blown ovarian cancer.	5	BY DR. THOMPSON:
6	So that's why I pointed out	6	Q. Were all the were all the
7	it's not relevant.	7	publications that you reviewed of
8	Q. All right. So I'm entitled	8	Dr. Saed's included within the exhibits
9	to know every paper that you relied upon	9	from his deposition?
10	for your opinions.	10	A. I'd have to look at his
11	So if you need to go through	11	deposition to be sure.
12	Dr. Saed's CV and you can tell me which	12	Q. Well, it was in your file,
13	of these papers you read and relied upon,	13	right?
14	let's go ahead and do that.	14	A. I know, but I don't have a
15	MS. SHARKO: I object to the	15	photographic memory of everything that
16	form of the question. There's a	16	was in his deposition.
17	difference between reading and	17	Q. And you didn't bring
18	relied upon. Which do you want?	18	anything with you here today?
19		19	A. I didn't bring anything with
20	DR. THOMPSON: Okay. Well,	20	
21	let's go with materials	21	me.
22	considered, the title of his	22	MS. SHARKO: Which is the
23	reference list.	22	agreement of counsel.
	BY DR. THOMPSON:		MS. O'DELL: No, it's not.
24	Q. So	24	We requested that materials that
	Page 359		Page 361
1	DR. THOMPSON: And none of	1	were considered be brought to the
2	Saed's papers were on the	2	deposition.
3	materials considered list, either	3	There was no agreement that
4	in the original or the	4	those would not be brought here
5	supplemental. So	5	today. You've asserted
6	MS. SHARKO: So I disagree	6	objections, and some of which we
7	with you on that because the	7	take issue with. But there's no
8	exhibits to the depositions are,	8	agreement that the materials would
9	the depositions are, his report	9	not be brought.
10	is, and his reported whatever it	10	MR. TISI: And I must tell
11	was attached to it.	11	you, we have brought we have
12	So I take issue with that.	12	brought every boxes of material
13	That being said, if you want	13	to every one of the depositions.
14	to if you want to have Dr. Neel	14	So this is another example
15	go through the CV, the part of the	15	of you representing something that
16	CV that's marked as Exhibit 29,	16	really didn't happen.
17	and tell you which ones he's read,	17	So if you would tell us
18	sure, you can do that.	18	where we agreed to that, I haven't
19	MS. O'DELL: Exhibits to	19	seen it. Because we've got boxes
20	exhibits to Dr. Saed's deposition	20	and boxes and we gave it to you,
21	did not cover his previous	21	for example.
22	publications. So to suggest	22	MS. SHARKO: There was no
23	otherwise, I think would be	23	Mr. Tisi, I'm not going to waste
24	incorrect.	24	your side's time having an
	11100110011		jour states time maring an

91 (Pages 358 to 361)

	Page 362		Page 364
1	argument.	1	on.
2	MR. TISI: Good, because you	2	MR. TISI: Okay. Well, tell
3	can't because there was no such	3	me where it is. Tell me where we
4	agreement.	4	agreed not to bring information
5	You make these kinds of	5	relied on.
6	assertions repeatedly and they are	6	MS. SHARKO: No.
7	just not true. So you	7	MR. TISI: Okay.
8	MS. SHARKO: You are totally	8	MS. O'DELL: I think, tell
9	wrong, Mr. Tisi.	9	us where and tell us who you
10	MR. TISI: So tell me where	10	believe made that agreement,
11	it is we agreed that he could not	11	because I can tell you the only
12	bring materials relied on, when we	12	other person that would have the
13	asked them in the notice of	13	authority to make that agreement
14	deposition.	14	is Michelle. She is not here. It
15	MS. SHARKO: We served	15	would be Chris or myself.
16	objections to the deposition	16	This is not true. So let's
17		17	move on. But if you're going to
18	notice, which you have. MR. TISI: That's not an	18	• • •
19		19	take the position that you're not
20	agreement.	20	going to bring materials for
	MS. SHARKO: There was no		experts in these depositions, then
21	agreement to bring all the stuff	21	we need to take it up with Judge
22	that everybody reviewed. If	22	Pisano, because that's clearly not
23	there's something specific you	23	in compliance with the rules.
24	want, let's figure it out and get	24	MS. SHARKO: So so if
	Page 363		Page 365
		1	
1	it	1	there's there are things that
1 2	it. MR_TISI: But he's but	1 2	there's there are things that
2	MR. TISI: But he's but	2	you think should be brought to the
2 3	MR. TISI: But he's but you said there was an agreement of	2 3	you think should be brought to the depositions, let's talk about that
2 3 4	MR. TISI: But he's but you said there was an agreement of counsel not to bring things, which	2 3 4	you think should be brought to the depositions, let's talk about that afterwards.
2 3 4 5	MR. TISI: But he's but you said there was an agreement of counsel not to bring things, which is totally different than you	2 3 4 5	you think should be brought to the depositions, let's talk about that afterwards. MR. TISI: Everything that
2 3 4 5 6	MR. TISI: But he's but you said there was an agreement of counsel not to bring things, which is totally different than you objecting to something on the	2 3 4 5 6	you think should be brought to the depositions, let's talk about that afterwards. MR. TISI: Everything that was in the notice of deposition.
2 3 4 5 6 7	MR. TISI: But he's but you said there was an agreement of counsel not to bring things, which is totally different than you objecting to something on the notice of deposition.	2 3 4 5 6 7	you think should be brought to the depositions, let's talk about that afterwards. MR. TISI: Everything that was in the notice of deposition. Every because I you know,
2 3 4 5 6 7 8	MR. TISI: But he's but you said there was an agreement of counsel not to bring things, which is totally different than you objecting to something on the notice of deposition. MS. SHARKO: I disagree with	2 3 4 5 6 7 8	you think should be brought to the depositions, let's talk about that afterwards. MR. TISI: Everything that was in the notice of deposition. Every because I you know, we we have depositions coming
2 3 4 5 6 7 8 9	MR. TISI: But he's but you said there was an agreement of counsel not to bring things, which is totally different than you objecting to something on the notice of deposition. MS. SHARKO: I disagree with you, Mr. Tisi.	2 3 4 5 6 7 8	you think should be brought to the depositions, let's talk about that afterwards. MR. TISI: Everything that was in the notice of deposition. Every because I you know, we we have depositions coming up and unless there's some basis
2 3 4 5 6 7 8 9	MR. TISI: But he's but you said there was an agreement of counsel not to bring things, which is totally different than you objecting to something on the notice of deposition. MS. SHARKO: I disagree with you, Mr. Tisi. MR. TISI: Okay. Well, I	2 3 4 5 6 7 8 9	you think should be brought to the depositions, let's talk about that afterwards. MR. TISI: Everything that was in the notice of deposition. Every because I you know, we we have depositions coming up and unless there's some basis like privilege or something like
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	Page 366		Page 368
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	move on. I'm happy to MR. TISI: Okay. MS. SHARKO: Leigh, I'm happy to talk to you afterwards or tomorrow. You'll probably be in Atlantic City, right? MS. O'DELL: We'll see. MS. SHARKO: We'll see? Okay. The judge changed the time, did you see that? MS. O'DELL: I did see that. BY DR. THOMPSON: Q. Okay. A. I looked through so I want to clarify what I meant. So I read several of these papers to see if they were relevant and I if I thought they were irrelevant, I said they were irrelevant. But if you want to know which ones, it's what he cited in his paper. But I I mean	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	A. Yes, but several several of them have, you know, statements which are not true, like the thing about the SNPs. Q. Was the methodology that was used in the previous publications and peer reviewed relevant at all? MS. SHARKO: Object to the form of the question. THE WITNESS: Yeah, I don't know which particular methodology or paper you're referring to. BY DR. THOMPSON: Q. Well, I'm saying if Dr. Saed used the same or similar methods publishing this paper that he did in previous papers, is that relevant? A. He didn't use the same method. The the earlier work was just based on small SNP analysis. This was based on use of panels of SNPs, arrays of SNPs. It's a it's a new relatively it's a more modern method that's available in the earlier papers.
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	Q. Okay. Let's A there are very few additional papers that are even cited by him in his paper, in his report, that are relevant. Q. Okay. First off, let me just ask you, are any of the papers listed on Dr. Saed's CV relevant in your mind? A. The most relevant one is the is the current one, which is the one that was in press. And that's the one that I criticized the most specifically. Many of the other ones are cited by Dr. Saed as relevant, but they aren't relevant in my opinion, as I state in my report. So, for example Q. So okay. So no none of Dr. Saed's previous publications that are relevant in your opinion with the exception of the one just published; is that correct?	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	Q. But you'll agree with me that there there's a lot of data in Dr. Saed's paper that goes beyond just the SNP analysis, correct? A. The SNP analysis is the only analysis which addresses the extraordinary claim of a genotype switch in response to talc treatment of cells. So that is the only data. What he should have done was carry out Sanger sequencing, since he's claiming that there is a wholesale change in a genetic content of a specific polynucleotide of a specific polynucleotide of a specific SNP within 72 hours of talc treatment which would be utterly unprecedented as far as I know in molecular biology. Q. Okay. Let's let's go ahead and have you identify what articles from Dr. Saed's CV that you considered. A. Oh. For example, on Page 30 he said he had a paper, "Specific point mutations and key redox enzymes are associated with chemoresistance and

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Page 370 I ovarian cancer." I looked at r and immediately concluded that t relevant to this litigation or ion of my report because it has h fully blown ovarian cancer. So I looked at the paper,		Page 372
r and immediately concluded that t relevant to this litigation or ion of my report because it has h fully blown ovarian cancer.	1	how to answer that, because
t relevant to this litigation or ion of my report because it has h fully blown ovarian cancer.	2	there's obviously a legal issue
ion of my report because it has h fully blown ovarian cancer.	3	here that I don't understand.
h fully blown ovarian cancer.	4	But, I mean, if I read
	5	something and it's not relevant to
vo i rookea ar ine naner	6	my opinions, does that mean that I
ot relevant for this, so I	7	considered it? Okay. Well, in
e it in my reference.	8	that case
So which	9	MS. SHARKO: That wouldn't
Similarly	10	be my interpretation, but if
which paper was that?	11	that's your question. That's
Reference 9.	12	fine.
Give me a number	13	BY DR. THOMPSON:
Page 30.	14	Q. Well, it's fine to go ahead
Okay. So that one you	15	and tell us whether or not you go
and determined it was not	16	
and determined it was not	17	ahead and circle the ones that you read
	18	and I may ask you questions.
Correct.		A. Sure. Reference 26, I read.
Let's just go through,	19	It was relevant to something I'm
0' '1 1	20	interested in, but it wasn't at all
Similarly	21	germane. So I don't know how you would
tell me if there are	22	count that one.
D 6 15 11	23	MS. SHARKO: By the way we
Reference 15 addresses a	24	have the references in the
Page 371		Page 373
abject. Not relevant.	1	doctor's report in the other room
Oh, okay.	2	if you want them if you can't find
Reference I'm just	3	a paper.
to	4	DR. THOMPSON: Okay.
Do you have the exhibit	5	Thanks.
•	6	THE WITNESS: Again, 45
Yes.	7	would fall under the same
	8	category. That's it. Oh, wait
	9	the review articles.
Would you go ahead and mark	10	BY DR. THOMPSON:
Would you go ahead and mark hibit?	1 1 1	Q. Dr. Neel, if you're
Would you go ahead and mark	11	finished.
Would you go ahead and mark hibit? I thought I'm not allowed to exhibits.	12	
Would you go ahead and mark hibit? I thought I'm not allowed to exhibits. You are if we ask you to.		A. No, I didn't look at the
Would you go ahead and mark hibit? I thought I'm not allowed to exhibits. You are if we ask you to. Okay. Sure.	12	A. No, I didn't look at the reviews. You can have your pen back too.
Would you go ahead and mark hibit? I thought I'm not allowed to exhibits. You are if we ask you to. Okay. Sure. Go ahead and just so	12 13 14	reviews. You can have your pen back too.
Would you go ahead and mark hibit? I thought I'm not allowed to exhibits. You are if we ask you to. Okay. Sure. Go ahead and just so e the record. Go ahead and mark	12 13 14 15	reviews. You can have your pen back too. I am a pen stealer. I admit to that.
Would you go ahead and mark hibit? I thought I'm not allowed to exhibits. You are if we ask you to. Okay. Sure. Go ahead and just so e the record. Go ahead and mark es that you considered.	12 13 14 15 16	reviews. You can have your pen back too. I am a pen stealer. I admit to that. Q. So Dr. Neel, let me just ask
Would you go ahead and mark hibit? I thought I'm not allowed to exhibits. You are if we ask you to. Okay. Sure. Go ahead and just so e the record. Go ahead and mark es that you considered. MS. SHARKO: Considered	12 13 14 15 16 17	reviews. You can have your pen back too. I am a pen stealer. I admit to that. Q. So Dr. Neel, let me just ask you about the articles that are circled
Would you go ahead and mark hibit? I thought I'm not allowed to exhibits. You are if we ask you to. Okay. Sure. Go ahead and just so e the record. Go ahead and mark es that you considered. MS. SHARKO: Considered ning read?	12 13 14 15 16 17 18	reviews. You can have your pen back too. I am a pen stealer. I admit to that. Q. So Dr. Neel, let me just ask you about the articles that are circled on Dr. Saed's CV, Exhibit 29, and have
Would you go ahead and mark hibit? I thought I'm not allowed to exhibits. You are if we ask you to. Okay. Sure. Go ahead and just so e the record. Go ahead and mark es that you considered. MS. SHARKO: Considered ning read? DR. THOMPSON: I'm just	12 13 14 15 16 17 18 19	reviews. You can have your pen back too. I am a pen stealer. I admit to that. Q. So Dr. Neel, let me just ask you about the articles that are circled on Dr. Saed's CV, Exhibit 29, and have you tell me whether these were papers
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Would hibit? I though exhibits You are Okay. Go ahe e the recest hat yours SH. hing rea	e if we ask you to. Sure. ad and just so cord. Go ahead and mark you considered. ARKO: Considered d?	ad and just so cord. Go ahead and mark you considered. ARKO: Considered d? 14 15 16 17 18

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	Page 374		Page 376
1	doesn't have a copy of it in front	1	my opinion that, you know, he's
2	of him.	2	misinterpreting the data. So I don't
3	DR. THOMPSON: That's true.	3	know how to how to write that.
4	THE WITNESS: You can keep	4	Q. And that paper was published
5	handing it back and forth to me.	5	in Gynecologic Oncology, right?
6	DR. THOMPSON: No, let me	6	A. Yes.
7	or maybe share Ms. Sharko's copy.	7	Q. And peer-reviewed, right?
8	MS. SHARKO: Okay. So my	8	A. Yes, as I said before, the
9	copy won't have circles on it.	9	very fact that if it's not
10	DR. THOMPSON: Right. I'll	10	peer-reviewed, it's completely unreliable
11	tell you a number and you can tell	11	until it's peer-reviewed. But the fact
12	me.	12	that it's been peer-reviewed doesn't make
13	That's probably even better.	13	it right.
14	BY DR. THOMPSON:	14	Q. Do you know the
15	Q. On that exhibit, let's go	15	MS. SHARKO: Well, wait.
16	through the ones that are circled. If	16	He's still going through the
17	you could just mark relevant or	17	through the last task.
18	irrelevant. "I" for irrelevant "I"	18	THE WITNESS: I think
19	for irrelevant and "R" for relevant. How	19	that's that's I think that's
20	is that?	20	
		21	all of them. Yeah. Okay. I
21 22	MS. SHARKO: Those are the	22	marked them all.
23	only two choices?	23	BY DR. THOMPSON:
	BY DR. THOMPSON:	1	Q. Okay. Thank you. Do you
24	Q. If you have a different	24	recognize any of the other authors on
	Page 375		Page 377
1	choice, we can have a write-in candidate.	1	these paper as you look through it? By
2	A. How about not directly	2	memory, name the authors that you
3	relevant, although it was cited by him as	3	recognize.
4	relevant.	4	A. I don't remember I mean,
5	Ditto, not directly	5	I don't
6	relevant, although he asserted it was.	6	
7			O. Could you just glance
	As I said, as I recall the		Q. Could you just glance through and see if you
8	As I said, as I recall the	7	through and see if you
8	only one that's directly relevant is the	7 8	through and see if you A. Sure.
9	only one that's directly relevant is the more recent one. And all the other ones	7 8 9	through and see if you A. Sure. Q recognize any of the
9 10	only one that's directly relevant is the more recent one. And all the other ones are claimed as being relevant but they're	7 8 9 10	through and see if you A. Sure. Q recognize any of the other authors.
9 10 11	only one that's directly relevant is the more recent one. And all the other ones are claimed as being relevant but they're off point, in my opinion. I'm going to	7 8 9 10 11	through and see if you A. Sure. Q recognize any of the other authors. A. Sure.
9 10 11 12	only one that's directly relevant is the more recent one. And all the other ones are claimed as being relevant but they're off point, in my opinion. I'm going to write the same thing on all the other	7 8 9 10 11 12	through and see if you A. Sure. Q recognize any of the other authors. A. Sure. MS. SHARKO: On the ones
9 10 11 12 13	only one that's directly relevant is the more recent one. And all the other ones are claimed as being relevant but they're off point, in my opinion. I'm going to write the same thing on all the other ones. There aren't that many, because	7 8 9 10 11 12 13	through and see if you A. Sure. Q recognize any of the other authors. A. Sure. MS. SHARKO: On the ones that he marked, right?
9 10 11 12 13 14	only one that's directly relevant is the more recent one. And all the other ones are claimed as being relevant but they're off point, in my opinion. I'm going to write the same thing on all the other ones. There aren't that many, because most of these papers are not directly	7 8 9 10 11 12 13 14	through and see if you A. Sure. Q recognize any of the other authors. A. Sure. MS. SHARKO: On the ones that he marked, right? THE WITNESS: I recognize
9 10 11 12 13 14 15	only one that's directly relevant is the more recent one. And all the other ones are claimed as being relevant but they're off point, in my opinion. I'm going to write the same thing on all the other ones. There aren't that many, because most of these papers are not directly relevant.	7 8 9 10 11 12 13 14 15	through and see if you A. Sure. Q recognize any of the other authors. A. Sure. MS. SHARKO: On the ones that he marked, right? THE WITNESS: I recognize Fletcher, because I know that
9 10 11 12 13 14 15 16	only one that's directly relevant is the more recent one. And all the other ones are claimed as being relevant but they're off point, in my opinion. I'm going to write the same thing on all the other ones. There aren't that many, because most of these papers are not directly relevant. So for example, Reference 52	7 8 9 10 11 12 13 14 15	through and see if you A. Sure. Q recognize any of the other authors. A. Sure. MS. SHARKO: On the ones that he marked, right? THE WITNESS: I recognize Fletcher, because I know that she's in the lab. I recognize her
9 10 11 12 13 14 15 16 17	only one that's directly relevant is the more recent one. And all the other ones are claimed as being relevant but they're off point, in my opinion. I'm going to write the same thing on all the other ones. There aren't that many, because most of these papers are not directly relevant. So for example, Reference 52 is not this is the one where he, I	7 8 9 10 11 12 13 14 15 16	through and see if you A. Sure. Q recognize any of the other authors. A. Sure. MS. SHARKO: On the ones that he marked, right? THE WITNESS: I recognize Fletcher, because I know that she's in the lab. I recognize her name from the deposition. But I
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	Daga 270		Daga 200
-	Page 378		Page 380
1	A. So far, that's fair to say,	1	Q. And you had actually quite a
2	yes. But I believe that the overwhelming	2	few criticisms of this paper as well?
3	majority of them are people who are	3	A. Yes.
4	working in his lab.	4	Q. Correct?
5	Q. Do you know that or are you	5	A. Yes. Starting with the fact
6	guessing?	6	that it's published in a journal that's
7	A. No, I know that from the	7	not really relevant to ovarian cancer or
8	papers that I remember reading, I think	8	cancer, Phytotherapy Research. I don't
9	most of them, it was from one lab. But I	9	think I've ever seen a paper on ovarian
10	could be we can go through each	10	cancer in Phytotherapy Research.
11	individual paper if you want. But that	11	Q. But you'll agree that the
12	reputation reputation is not relevant	12	paper at least deals with ovarian cells
13	to me.	13	cultures and molecular effects, right?
14	What's relevant to me is my	14	A. A small part of the paper,
15	reading of the papers and assessment of	15	yeah. Yes.
16	their scientific quality. And that's	16	Q. This paper was
17	what I did, and that's the basis for my	17	peer-reviewed, right?
18	conclusions on Page 23, Point K.	18	A. By somebody who reviews for
19	Q. Let's switch gears a little	19	Phytotherapy Research, which is highly
20	bit, Dr. Neel.	20	unlikely to be anyone who is a credible
21	You looked at other papers	21	ovarian cancer researcher.
22	directly related to molecular effects of	22	Q. And in the abstract of this
23	talc or talcum powder as well, correct?	23	paper, the authors state, "Talc increased
24	A. Most of which, we've already	24	proliferation, induced neoplastic
	Page 379		Page 381
1	Page 379 discussed. But yes, everything that's in	1	Page 381 transformation, and increased ROS
2		1 2	
	discussed. But yes, everything that's in		transformation, and increased ROS
2	discussed. But yes, everything that's in my report is what I looked at.	2	transformation, and increased ROS generation time dependently in the
2 3 4 5	discussed. But yes, everything that's in my report is what I looked at. Q. Let's talk about that Buz'Zard paper that you read and included in your report on Page 25.	2 3	transformation, and increased ROS generation time dependently in the ovarian cells and dose dependently in the
2 3 4 5 6	discussed. But yes, everything that's in my report is what I looked at. Q. Let's talk about that Buz'Zard paper that you read and included	2 3 4 5 6	transformation, and increased ROS generation time dependently in the ovarian cells and dose dependently in the PNM."
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	discussed. But yes, everything that's in my report is what I looked at. Q. Let's talk about that Buz'Zard paper that you read and included in your report on Page 25. A. Yes. Buz'Zard and Lau. Q. I could have swore I put those stickers right where I could find. There they are. DR. THOMPSON: This will be Exhibit 30, the paper by Buz'Zard. (Document marked for identification as Exhibit Neel-30.) MS. SHARKO: Do we have a 29? THE WITNESS: Maybe that was the CV. MS. SHARKO: Oh yeah. CV was 29. I'm sorry. BY DR. THOMPSON:	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	transformation, and increased ROS generation time dependently in the ovarian cells and dose dependently in the PNM." Did I read that correctly? A. Yes, you read the statement correctly. Q. And is it your opinion that those statements do not actually reflect what the experiments demonstrated? A. Yes. It's my it's my contention that this paper is highly flawed in multiple ways, starting with do you want me to tell you all the ways that it's flawed? Q. Sure. A. Starting with the fact that we have no idea what a if there if talc does get from the perineum into the fallopian tube or the ovarian surface epithelial region, we have no idea of

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	Page 382		Page 384
1	can actually study the question unless	1	powder that would be relevant?
2	you have an idea of the dose of the agent	2	A. I think it would be
3	that gets to the relevant tissue. So the	3	impossible to do a compelling study until
4	first problem is the design of the	4	you first answered the question of
5	experiments is intrinsically flawed.	5	whether perineum talc applied to the
6	The second point	6	perineum of a woman gets to the ovary and
7	Q. Can we go one at a time	7	at what dose
8	A. Sure.	8	Q. How do you
9	Q just because I have	9	A. The fallopian tube.
10	question	10	Q. How do you ascertain that
11	A. Sure. Yeah, you asked me	11	information?
12	to	12	A. It's not my I would have
13	Q. It will be easier yeah.	13	to sit down and think it through. That's
14	A. So that's my first problem.	14	not my purpose here today.
15	Q. Aren't in vitro studies	15	My purpose is not to do the
16	frequently done for mechanistic purposes	16	experiments for them. My purpose is to
17	and not necessarily to determine a	17	evaluate the published data.
18	relevant dose?	18	And my opinion is that the
19	A. It's well known that the	19	study starts out being flawed by not
20	only relevant studies that are done in	20	knowing anything about a relevant dose.
21	vitro are done with a relevant dose of	21	It's their obligation to figure out a
22	the agent that you're testing.	22	relevant dose, not mine. It's my
23	So I can only comment on	23	obligation to read their paper and decide
24	well-designed and well-performed	24	whether it's scientifically credible.
	Page 383		Page 385
			rage 303
1	experiments, not poorly designed and	1	But that's the that's only the first
2	experiments, not poorly designed and poorly performed experiments.	1 2	
			But that's the that's only the first
2	poorly performed experiments.	2	But that's the that's only the first of many weaknesses of this study. Q. We'll get we'll get to some let me finish my question here
2 3 4 5	poorly performed experiments. Q. How would you know a relevant dose if you wanted to look at talcum powder in vitro and how it would	2 3	But that's the that's only the first of many weaknesses of this study. Q. We'll get we'll get to
2 3 4 5 6	poorly performed experiments. Q. How would you know a relevant dose if you wanted to look at	2 3 4	But that's the that's only the first of many weaknesses of this study. Q. We'll get we'll get to some let me finish my question here
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2 3 4 5 6	poorly performed experiments. Q. How would you know a relevant dose if you wanted to look at talcum powder in vitro and how it would relate to women who are using talcum	2 3 4 5 6	But that's the that's only the first of many weaknesses of this study. Q. We'll get we'll get to some let me finish my question here and then we'll get to the others. Assuming that you did not
2 3 4 5 6 7	poorly performed experiments. Q. How would you know a relevant dose if you wanted to look at talcum powder in vitro and how it would relate to women who are using talcum powder regularly on their perineum? A. That's exactly the point. Q. So are the would all	2 3 4 5 6 7	But that's the that's only the first of many weaknesses of this study. Q. We'll get we'll get to some let me finish my question here and then we'll get to the others. Assuming that you did not have a conflict of interest policy at
2 3 4 5 6 7 8	poorly performed experiments. Q. How would you know a relevant dose if you wanted to look at talcum powder in vitro and how it would relate to women who are using talcum powder regularly on their perineum? A. That's exactly the point.	2 3 4 5 6 7 8	But that's the that's only the first of many weaknesses of this study. Q. We'll get we'll get to some let me finish my question here and then we'll get to the others. Assuming that you did not have a conflict of interest policy at your institution, could you design a
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	Page 386		Page 388
1	each of them if you want.	1	It's well known that soft
2	Q. Let's go ahead and go	2	agar transformation in human cells is not
3	through them.	3	predictive of of tumorigenicity which
4	A. Okay. Well, granular	4	is the issue at hand.
5	most of the study, a large fraction of	5	And the if you look
6	the study concerns granulosis cells which	6	carefully at the data, the the
7	are not relevant to epithelial ovarian	7	purported pro-oncogenic effects on
8	cancer of any type.	8	cellular proliferation and on ROS occur
9	Q. So is it your opinion that	9	at two different doses of talc.
10	seeing biological effects on cells from	10	So notwithstanding my
11	anything other than tubal epithelium are	11	criticism about the dose in the first
12	irrelevant?	12	place, it's not known which of these
13	A. Well, even if they had, you	13	doses would be relevant.
14	know, primary ovarian surface epithelium,	14	So I think that pretty much
15	that might be relevant because I think	15	covers it.
16	there is some evidence that some ovarian	16	Oh yeah, the
17	cancer come from the OSE, ovarian surface	17	polymorphonuclear leukocyte experiments
18	epithelial, OSE.	18	are not relevant because, as we discussed
19	But these cells are already	19	earlier today, there is no evidence for
20	transformed with SV40 large T antigen.	20	white for poly or PMN infiltration
21	And SV40 large T antigen inactivates the	21	into the premalignant lesions of of
22	two major oncogenic pathways. It	22	human fallopian lesions like STICs or
23	activates all members of the RV family	23	stills or p53 signatures.
24	and it inactivates p53. So these cells	24	So I don't really think
21	and it macrivates p33. So these cens	24	30 I don't leany think
	Page 387		Page 389
1	are already transformed.	1	there's much in this paper to support the
2	So if you're trying to	2	case that talc is pro-oncogenic.
3	investigate the effects of a potential	3	Q. And
4	initiating event, then this study is	4	A. It's a very poor quality
5	irrelevant.	5	journal and it's I don't think these
6	Plus it's well known that	6	authors have ever published on this again
7	SV40 large T transformed cells are	7	as far as I can tell.
8	genetically unstable and any and	8	Q. Is it is it fair to say
9	different lines are different. So it's	9	your criticisms of the Buz'Zard paper are
10	really not generally accepted that you	10	similar to those of Dr. Saed's paper?
11	use a study where you transform cells	11	A. No. They're they are
12	with SV40 large T and and use that to	12	different.
13	infer something about normal biology.	13	Q. In terms of being flawed?
14	So I think that's a serious	14	A. Well, I mean I would say
15		15	that it's like Anna Karenina. They are
	Weakness of this sillov		
	weakness of this study.		· · · · · · · · · · · · · · · · · · ·
16	Q. Okay. Next?	16	flawed in different ways.
16 17	Q. Okay. Next?A. The third point is that they	16 17	flawed in different ways. Q. Fair enough. Let's
16 17 18	Q. Okay. Next?A. The third point is that they don't show any tumor genicity studies.	16 17 18	flawed in different ways. Q. Fair enough. Let's and and the the results and
16 17 18 19	Q. Okay. Next? A. The third point is that they don't show any tumor genicity studies. It would have been very easy for them to	16 17 18 19	flawed in different ways. Q. Fair enough. Let's and and the the results and mechanism that the authors are proposing
16 17 18 19 20	Q. Okay. Next? A. The third point is that they don't show any tumor genicity studies. It would have been very easy for them to take these cells, treat them with talc	16 17 18 19 20	flawed in different ways. Q. Fair enough. Let's and and the the results and mechanism that the authors are proposing in this paper are are not even
16 17 18 19 20 21	Q. Okay. Next? A. The third point is that they don't show any tumor genicity studies. It would have been very easy for them to take these cells, treat them with talc and then inject them into	16 17 18 19 20 21	flawed in different ways. Q. Fair enough. Let's and and the the results and mechanism that the authors are proposing in this paper are are not even plausible in your mind?
16 17 18 19 20 21 22	Q. Okay. Next? A. The third point is that they don't show any tumor genicity studies. It would have been very easy for them to take these cells, treat them with talc and then inject them into immunoincompetent mice and at least see	16 17 18 19 20 21 22	flawed in different ways. Q. Fair enough. Let's and and the the results and mechanism that the authors are proposing in this paper are are not even plausible in your mind? A. Plausibility requires good
16 17 18 19 20 21 22 23	Q. Okay. Next? A. The third point is that they don't show any tumor genicity studies. It would have been very easy for them to take these cells, treat them with talc and then inject them into immunoincompetent mice and at least see if there's any evidence of	16 17 18 19 20 21 22 23	flawed in different ways. Q. Fair enough. Let's and and the the results and mechanism that the authors are proposing in this paper are are not even plausible in your mind? A. Plausibility requires good experiments. These are bad experiments.
16 17 18 19 20 21 22	Q. Okay. Next? A. The third point is that they don't show any tumor genicity studies. It would have been very easy for them to take these cells, treat them with talc and then inject them into immunoincompetent mice and at least see	16 17 18 19 20 21 22	flawed in different ways. Q. Fair enough. Let's and and the the results and mechanism that the authors are proposing in this paper are are not even plausible in your mind? A. Plausibility requires good

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l .			
	Page 390		Page 392
1	nothing that can be educed from this work	1	in the report. But let me just look at
2	as to biological plausibility in my	2	it again. Oh, yeah. So again, this is
3	opinion.	3	an SV40 Tag-immortalized
4	Q. Let's let's go next to	4	anchorage-dependent human ovarian
5	the Shukla paper. Do you remember	5	epithelial line, so it's
6	A. Shukla?	6	MS. SHARKO: You've got to
7	Q seeing that paper?	7	go much slower. Sorry.
8	A. I remember the paper I	8	THE WITNESS: Oh, I'm sorry.
9	remember the name. It's an unusual name	9	On Page on Page 115 in the
10	so I remember. But I don't recall the	10	left-hand column, midway through
11	I'd have to see the paper to actually	11	under the methods, which I write
12	comment on it.	12	extensively, it's an the
13	Q. I'll hand that to you now.	13	authors use for ovarian surface
14	(Document marked for	14	epithelial cells an SV40
15	identification as Exhibit	15	Tag-immortalized,
16	Neel-31.)	16	anchorage-dependent human ovarian
17	BY DR. THOMPSON:	17	epithelial cell line.
18	Q. Did you review this paper,	18	So this suffers from the
19	Dr. Neel?	19	same issues that I just mentioned
20	A. Yes.	20	for the Buz'Zard paper in that
21	Q. And I believe you discussed	21	it's using a cell line that
22	this paper in your report as well,	22	already has should I continue?
23	correct?	23	BY DR. THOMPSON:
24	A. I do. Can you tell me the	24	Q. Yes, I'm sorry.
21	A. Tuo. Can you ten me the	24	Q. Tes, Thi sorry.
	Page 391		Page 393
1	page though?	1	MS. SHARKO: Okay.
2	Q. Yes.	2	THE WITNESS: This paper
3	A. So I can make sure.	3	uses an SV40 Tag-immortalized
4	Q. It's Page 21. Beginning on	4	anchorage-dependent human ovarian
5	Page 21.	5	
c			epithelial cell line which,
6	in this paper, the authors	6	epithelial cell line which, therefore, suffers from the same
6 7	In this paper, the authors reported		therefore, suffers from the same
	reported	6	therefore, suffers from the same issues that I raised earlier with
7	reported A. Hold on. I don't see it on	6 7	therefore, suffers from the same
7 8	reported A. Hold on. I don't see it on 21. Can you tell me where it is on 21?	6 7 8	therefore, suffers from the same issues that I raised earlier with the paper by Buz'Zard and Lau in that this these cell lines
7 8 9	reported A. Hold on. I don't see it on 21. Can you tell me where it is on 21? Q. Page 21 of your paper in the	6 7 8 9	therefore, suffers from the same issues that I raised earlier with the paper by Buz'Zard and Lau in that this these cell lines are already suffered already
7 8 9 10 11	reported A. Hold on. I don't see it on 21. Can you tell me where it is on 21? Q. Page 21 of your paper in the last paragraph.	6 7 8 9 10 11	therefore, suffers from the same issues that I raised earlier with the paper by Buz'Zard and Lau in that this these cell lines are already suffered already have had introduced a minimum of
7 8 9 10 11	reported A. Hold on. I don't see it on 21. Can you tell me where it is on 21? Q. Page 21 of your paper in the last paragraph. A. Oh, sure, yeah, yeah.	6 7 8 9 10 11 12	therefore, suffers from the same issues that I raised earlier with the paper by Buz'Zard and Lau in that this these cell lines are already suffered already have had introduced a minimum of two of the transforming events
7 8 9 10 11 12 13	reported A. Hold on. I don't see it on 21. Can you tell me where it is on 21? Q. Page 21 of your paper in the last paragraph. A. Oh, sure, yeah, yeah. Sorry. It's in the middle.	6 7 8 9 10 11 12 13	therefore, suffers from the same issues that I raised earlier with the paper by Buz'Zard and Lau in that this these cell lines are already suffered already have had introduced a minimum of two of the transforming events that occur in ovarian cancer.
7 8 9 10 11 12 13 14	reported A. Hold on. I don't see it on 21. Can you tell me where it is on 21? Q. Page 21 of your paper in the last paragraph. A. Oh, sure, yeah, yeah. Sorry. It's in the middle. Q. And in this paper the	6 7 8 9 10 11 12 13 14	therefore, suffers from the same issues that I raised earlier with the paper by Buz'Zard and Lau in that this these cell lines are already suffered already have had introduced a minimum of two of the transforming events that occur in ovarian cancer. So the cell line is not
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	Page 394		Page 396
1	changes. In fact, if you go to	1	these cells
2	Page 2009. In contrast to	2	Q. Well, my question is
3	LP9/TERT and NYU474 mesothelial	3	A in terms of gene
4	cells, that's referring to the	4	expression.
5	pleural mesothelial cells.	5	Q as to the relevance.
6	IOSE cells showed no	6	A. Well, it's not it's not
7	significant gene upregulation or	7	relevant, and it's not it doesn't
8	downregulation in response to	8	support the claim that ovarian cancer is
9	lower concentrations of asbestos	9	caused by talc. So in that way it's not
10	and no significant mRNA changes	10	relevant.
11	were observed with non-fibrous	11	Q. Would you consider this
12	talc, fine titanium dioxide, or	12	paper reliable?
13	glass beads at either time point.	13	A. Reliable? I mean, they
14	So the relevant cell type	14	measured insofar so it's reliable
15	shows no changes in gene	15	in the sense that they've used
16	expression, and the irrelevant	16	established techniques, and I'm sure that
17	cell type shows minimal changes in	17	the gene expression data is correct.
18	gene expression in response to	18	Reliable insofar as one can draw
19	talc.	19	conclusions about asbestos or talc, I
20	So again, I don't really	20	have no comment about what a relevant
21	think that Dr. Saed's quote is	21	dose would be of asbestos, because I
22	relevant. So if you read my	22	haven't researched that issue. But I do
23	report on Page 21, I refer to	23	have a comment, the same comment that I
24	Shukla, et al., in the context of	24	raised earlier about a difficulty in
			<u>, </u>
		I	
	Page 395		Page 397
1	Dr. Saed's citation, not not	1	Page 397 knowing what would be a relevant dose of
2	Dr. Saed's citation, not not because I think this is	2	knowing what would be a relevant dose of talc.
2	Dr. Saed's citation, not not because I think this is necessarily germane.	2 3	knowing what would be a relevant dose of talc. But in this case, the doses
2 3 4	Dr. Saed's citation, not not because I think this is necessarily germane. I am responding to	2 3 4	knowing what would be a relevant dose of talc. But in this case, the doses they chose had no significant effects.
2 3 4 5	Dr. Saed's citation, not not because I think this is necessarily germane. I am responding to Dr. Saed's claim it's germane and	2 3 4 5	knowing what would be a relevant dose of talc. But in this case, the doses they chose had no significant effects. So it's not germane unless the unless
2 3 4 5 6	Dr. Saed's citation, not not because I think this is necessarily germane. I am responding to Dr. Saed's claim it's germane and showing that it isn't germane in	2 3 4 5 6	knowing what would be a relevant dose of talc. But in this case, the doses they chose had no significant effects. So it's not germane unless the unless the point is to say that talc doesn't
2 3 4 5 6 7	Dr. Saed's citation, not not because I think this is necessarily germane. I am responding to Dr. Saed's claim it's germane and showing that it isn't germane in my opinion.	2 3 4 5 6 7	knowing what would be a relevant dose of talc. But in this case, the doses they chose had no significant effects. So it's not germane unless the unless the point is to say that talc doesn't induce gene expression changes in the
2 3 4 5 6 7 8	Dr. Saed's citation, not not because I think this is necessarily germane. I am responding to Dr. Saed's claim it's germane and showing that it isn't germane in my opinion. BY DR. THOMPSON:	2 3 4 5 6 7 8	knowing what would be a relevant dose of talc. But in this case, the doses they chose had no significant effects. So it's not germane unless the unless the point is to say that talc doesn't induce gene expression changes in the human ovarian cells.
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Dr. Saed's citation, not not because I think this is necessarily germane. I am responding to Dr. Saed's claim it's germane and showing that it isn't germane in my opinion. BY DR. THOMPSON: Q. So your opinion MS. SHARKO: He was reading from 118, not 2009. THE WITNESS: Oh, did I DR. THOMPSON: I found it. MS. SHARKO: You did. THE WITNESS: I'm sorry. MS. SHARKO: No problem. THE WITNESS: Sorry. Thank you. BY DR. THOMPSON: Q. And so this paper, in your opinion, is not relevant for the issue that we're discussing today?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	knowing what would be a relevant dose of talc. But in this case, the doses they chose had no significant effects. So it's not germane unless the unless the point is to say that talc doesn't induce gene expression changes in the human ovarian cells. Q. If and is it your understanding that this paper or these authors used non fibrous talc in the studies? A. I don't recall. I have to look at what they used. Q. It's in the abstract or the methods. A. Well, I would prefer to use the methods. Q. Sure. A. I have to look at it. I have to go to the results because they characterize the fibers. I'm not really
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Dr. Saed's citation, not not because I think this is necessarily germane. I am responding to Dr. Saed's claim it's germane and showing that it isn't germane in my opinion. BY DR. THOMPSON: Q. So your opinion MS. SHARKO: He was reading from 118, not 2009. THE WITNESS: Oh, did I DR. THOMPSON: I found it. MS. SHARKO: You did. THE WITNESS: I'm sorry. MS. SHARKO: No problem. THE WITNESS: Sorry. Thank you. BY DR. THOMPSON: Q. And so this paper, in your opinion, is not relevant for the issue	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	knowing what would be a relevant dose of talc. But in this case, the doses they chose had no significant effects. So it's not germane unless the unless the point is to say that talc doesn't induce gene expression changes in the human ovarian cells. Q. If and is it your understanding that this paper or these authors used non fibrous talc in the studies? A. I don't recall. I have to look at what they used. Q. It's in the abstract or the methods. A. Well, I would prefer to use the methods. Q. Sure. A. I have to look at it. I have to go to the results because they

100 (Pages 394 to 397)

			1
	Page 398		Page 400
1	defendant. So I think that she would	1	familiar, Dr. Neel?
2	probably be better at explaining this	2	A. Yes.
3	than I.	3	Q. And did you read this paper?
4	Yes, they claim that it's	4	A. A while ago, yes.
5	non-fibrous talc. But again, I'm not an	5	Q. Do you
6	expert in mineralogy or geology. So I	6	A. I don't remember if I
7	can't comment on the quality of their	7	actually was there a place in my
8	evaluation. But I will say that it's	8	report that you want to discuss here?
9	non-fibrous talc, according to the paper.	9	Q. I don't believe that oh,
10	Q. And if Baby Powder were	10	actually, I think you did discuss this in
11	shown to contain fibrous talc or	11	here. Let me find it. Yes, it's on Page
12	asbestos, how would that change your	12	24.
13	opinions regarding the paper?	13	A. 24. I thought I remember
14	A. Well, it would just make	14	typing that. Yes.
15	this paper even more irrelevant because	15	Q. And do you have criticisms
16	they didn't use Johnson & Johnson's	16	regarding this paper?
17	products.	17	A. Yes. As outlined in my
18	Q. Do you know Dr. Mossman?	18	report on Page 24.
19	A. I don't know her. I know of	19	Q. And what are those?
20	her reputation, but I don't know her.	20	A. These authors measured the
21	Q. And you haven't spoken to	21	effects of talc on A549 cells, which are
22	her	22	lung cancer cells, and found ROS
23	A. No.	23	production, oxidation of cellular lipids,
24	Q regarding this case?	24	and DNA damage.
	Page 399		Page 401
1		1	
1 2	A. I've never met her or spoken to her.	1 2	So, again, these are already
	A. I've never met her or spoken to her.		
2	A. I've never met her or spoken	2	So, again, these are already established lung cancer cells. So I
2 3 4 5	A. I've never met her or spoken to her.Q. I believe you had two papers	2 3 4 5	So, again, these are already established lung cancer cells. So I don't see the relevance to the question
2 3 4 5 6	A. I've never met her or spoken to her. Q. I believe you had two papers by Dr. Akhtar on your materials considered list. Does that sound familiar?	2 3 4 5 6	So, again, these are already established lung cancer cells. So I don't see the relevance to the question of initiation of ovarian cancer. That's first thing. The second thing is that
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. I've never met her or spoken to her. Q. I believe you had two papers by Dr. Akhtar on your materials considered list. Does that sound familiar? A. Yeah. I don't know if that's the I didn't know how to pronounce that name. Q. I don't either so you're does anyone? A. It sounds like it's right. A-H-K or something? MS. SHARKO: That's Exhibit 32. (Document marked for identification as Exhibit Neel-32.) DR. THOMPSON: 32 is the Akhtar paper. BY DR. THOMPSON: Q. "The Primary Role of Iron	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	So, again, these are already established lung cancer cells. So I don't see the relevance to the question of initiation of ovarian cancer. That's first thing. The second thing is that the same issues having to do with dose are germane here. And I guess I should see I don't remember which form of talc they used. Yeah, so commercial talc. So again, those are my main criticisms. They use dose again, as I said, it's not clear as the dosage used here or seen here relate to the small number of particles that are presumably found in the reproductive tract, if they're there at all. Q. Are you aware that Dr. Saed used the same dosage as Dr. Akhtar reported in his paper? A. I'd have to look to be sure.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. I've never met her or spoken to her. Q. I believe you had two papers by Dr. Akhtar on your materials considered list. Does that sound familiar? A. Yeah. I don't know if that's the I didn't know how to pronounce that name. Q. I don't either so you're does anyone? A. It sounds like it's right. A-H-K or something? MS. SHARKO: That's Exhibit 32. (Document marked for identification as Exhibit Neel-32.) DR. THOMPSON: 32 is the Akhtar paper. BY DR. THOMPSON:	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	So, again, these are already established lung cancer cells. So I don't see the relevance to the question of initiation of ovarian cancer. That's first thing. The second thing is that the same issues having to do with dose are germane here. And I guess I should see I don't remember which form of talc they used. Yeah, so commercial talc. So again, those are my main criticisms. They use dose again, as I said, it's not clear as the dosage used here or seen here relate to the small number of particles that are presumably found in the reproductive tract, if they're there at all. Q. Are you aware that Dr. Saed used the same dosage as Dr. Akhtar reported in his paper?

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	Page 402		Page 404
-	Page 402		
1	discussed.	1	glutathione depletion."
2	Q. Yeah, I understand your	2	Those were at least some of
3	opinion as to that. The author's first	3	the same things that Dr. Saed studied,
4	sentence in the abstract is, "Talc	4	correct?
5	particles, the basic ingredient in	5	A. No, actually no, that's
6	different kinds of talc-based cosmetic	6	not correct. Actually, the major
7	and pharmaceutical products, pose a	7	weakness of Dr. Saed's paper is he did
8	health risk to pulmonary and ovarian	8	not measure. As I said earlier, if you
9	systems due to domestic and occupational	9	are going to claim a difference in redox
10	exposures."	10	balance, you have to measure redox
11	Do you disagree with that	11	balance by measuring ROS generation in
12	statement	12	the form DCF fluorescence or other types
13	A. Yes.	13	of ROS sensor assays. Lipid peroxidation
14	Q that Dr. Akhtar makes?	14	by BODIPY staining or other methods like
15	A. Yes.	15	oxidative damage to DNA by ADG
16	Q. Do you think that Akhtar	16	staining, none of which Dr. Saed did, as
17	is Dr. Akhtar is not credible?	17	I said earlier.
18	A. I have no knowledge as to	18	Q. Did you do you have any
19	Dr. Akhtar. I have never met him. Don't	19	other criticisms of this paper?
20	know anything about him. Don't know his	20	A. My my major point about
21	reputation and can't comment on it.	21	this paper as I've said already, is that
22	Q. This paper was peer reviewed	22	it concerns already developed lung cancer
23	and published?	23	cells and it is well known in the
24	A. Yes. And I also can't	24	scientific literature that there is
	Page 403		Page 405
1	comment, since I'm not a toxicologist, on	1	differences between the effects of ROS in
2	the quality of this journal. But I think	2	cancer cells that are already
3	it's probably not a high impact journal	3	established, and in particular, in cancer
4	or a high quality journal.	4	cell lines that have been passive for
5	Q. Do you know if nanoparticles	5	many years, and in particular, in
6	would apply to Johnson's Baby Powder?	6	different types of cancer cells than are
7	A. As I said, I am not not a	7	present in normal cells.
8	mineralogist, I'm not a toxicologist. I	8	So the paper is is not
9	can't comment on any of that.	9	germane in my opinion to the question of
10	Q. So you	10	whether talc causes ROS changes and
11	A. I don't have any	11	reactive oxygen induced damage in primary
12	professional opinion on that.	12	fallopian tube epithelium or primary
13	Q. So you really have no idea	13	ovarian surface epithelium.
14	as to the particle size of Johnson's Baby	14	That is the relevant
15	Powder?	15	question. Notwithstanding all the issues
16	A. I have no idea as to the	16	about dose that we've talked about.
17	particle size.	17	Q. You'll agree though that the
18	Q. And the authors a little	18	authors of this paper at least thought
19	further down in the abstract state, "Both	19	that their experiment was relevant for
20	varieties of talc nanoparticles	20	ovarian cancer, right?
21	differentially induce lipid peroxidation	21	A. I have no idea
22	which was correlated with the pattern of	22	MR. LOCKE: Objection.
23	lactate dehydrogenase leakage, reactive	23	BY DR. THOMPSON:
24	oxygen species generation, and	24	Q. Well, they stated it that,
	7.51 6		<u> </u>

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	Page 406		Page 408
1	in the first sentence, that	1	providing, that lung cancer cells are
2	A. They they said that	2	irrelevant to the ovary in terms of study
3	Q it poses a risk to	3	of this issue?
4	pulmonary and ovarian systems.	4	MS. SHARKO: Object to the
5	A. Well, that's their opinion.	5	form of the question.
6	That doesn't say whether they thought	6	THE WITNESS: Can you repeat
7	they were whether they thought it was	7	the question? I'm not sure, there
8	relevant. All they can say is that it	8	was a lot of
9	that assuming that everything in this	9	BY DR. THOMPSON:
10	paper is correct, in terms of the	10	Q. Yeah, it was a bad it was
11	measurements and all that, which I have	11	a bad it was a bad question.
12	no reason to question, they can't say	12	A. Sorry.
13	anything about dose, and they can't say	13	Q. Can you point me to an
14	anything about the relevant cells.	14	article that's on your reference list or
15	So, cells are not cells.	15	materials considered list that addresses
16	It's not like, you know, parts is parts	16	the basis for your opinion that lung
17	in Perdue chicken.	17	cancer cells are irrelevant to ovarian
18	Q. What's you what's your	18	cancer?
19	basis for opinion that the the cells	19	A. I I didn't say lung
20	used in this experiment are not relevant	20	cancer cells were irrelevant to ovarian
21	for ovarian surface epithelium?	21	cancer, although I would agree largely
22	A. Well, as I've already said,	22	with that statement.
23	they are lung cancer cells. They they	23	What I said was lung cancer
24	are a mutation. So A-549 cells have KRAS	24	cells the use of lung cancer cells to
	Page 407		
			Page 409
1	mutations. I believe it's it's either	1	determine the effects of agents on
2		2	
2	mutations. I believe it's it's either G12B or G12D, and that is completely irrelevant to the overwhelming majority	2 3	determine the effects of agents on nontransformed ovarian epithelial cells or fallopian tube epithelial cells is
2 3 4	mutations. I believe it's it's either G12B or G12D, and that is completely irrelevant to the overwhelming majority of serous cancers, much less serous	2 3 4	determine the effects of agents on nontransformed ovarian epithelial cells
2 3 4 5	mutations. I believe it's it's either G12B or G12D, and that is completely irrelevant to the overwhelming majority of serous cancers, much less serous ovarian cancer transformation.	2 3 4 5	determine the effects of agents on nontransformed ovarian epithelial cells or fallopian tube epithelial cells is irrelevant. And I think that should be
2 3 4 5 6	mutations. I believe it's it's either G12B or G12D, and that is completely irrelevant to the overwhelming majority of serous cancers, much less serous ovarian cancer transformation. So it's a lung epithelial	2 3 4 5 6	determine the effects of agents on nontransformed ovarian epithelial cells or fallopian tube epithelial cells is irrelevant. And I think that should be self-evident to any practicing scientist
2 3 4 5 6 7	mutations. I believe it's it's either G12B or G12D, and that is completely irrelevant to the overwhelming majority of serous cancers, much less serous ovarian cancer transformation. So it's a lung epithelial cell. It's a transformed lung epithelial	2 3 4 5 6 7	determine the effects of agents on nontransformed ovarian epithelial cells or fallopian tube epithelial cells is irrelevant. And I think that should be self-evident to any practicing scientist in the cancer biology field. I don't
2 3 4 5 6 7 8	mutations. I believe it's it's either G12B or G12D, and that is completely irrelevant to the overwhelming majority of serous cancers, much less serous ovarian cancer transformation. So it's a lung epithelial cell. It's a transformed lung epithelial cell. It's bearing a mutation that is	2 3 4 5 6 7 8	determine the effects of agents on nontransformed ovarian epithelial cells or fallopian tube epithelial cells is irrelevant. And I think that should be self-evident to any practicing scientist in the cancer biology field. I don't think you would find any scientist,
2 3 4 5 6 7 8 9	mutations. I believe it's it's either G12B or G12D, and that is completely irrelevant to the overwhelming majority of serous cancers, much less serous ovarian cancer transformation. So it's a lung epithelial cell. It's a transformed lung epithelial cell. It's bearing a mutation that is not found characteristically in serous	2 3 4 5 6 7 8	determine the effects of agents on nontransformed ovarian epithelial cells or fallopian tube epithelial cells is irrelevant. And I think that should be self-evident to any practicing scientist in the cancer biology field. I don't think you would find any scientist, credible cancer biologist, who would
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	Page 410		Page 412
1	to nonscientists. And it would be	1	personal first of all, I heard
2	will be helpful to be able to refer to an	2	that. And it's not a personal
3	article or something that can address the	3	opinion.
4	irrelevance of of using these cell	4	That is a scientific opinion
5	lines to study ovarian cancer	5	based on 39 years of research, and
6	pathogenesis.	6	I don't think you will ever find a
7	And my question is, is there	7	credible scientific expert in the
8	a citation on your reference or materials	8	field of cancer biology who would
9	cited materials considered list that	9	say that studying A-549 in cancer
10	we could refer to to help?	10	cells from the lung is relevant to
11	MS. SHARKO: Object. Object	11	understanding the pathogenesis of
12	to the form.	12	fallopian tube and/or ovarian
13	THE WITNESS: I don't think	13	cancer. It's simply irrelevant.
14	I would have any trouble	14	And, again, I can cite and
15	convincing anybody who is logical	15	did cite in my report the fact
16	that studying a fully transformed	16	that high grade serous cancer is
17	lung cancer cell is not relevant	17	not categorized by KRAS mutations.
18	to studying a normal fallopian	18	These cells have KRAS mutations.
19	tube cell.	19	Okay? I know that because we work
20	I think that stems from	20	with these cells in a different
21	elemental logic and you don't	21	context.
22	really even have to have much	22	BY DR. THOMPSON:
23	scientific credentials to make	23	Q. So if there were a scientist
24	that conclusion.	24	that would give an opinion that there is
	that concrusion.		that would give an opinion that there is
	Page 411		Page 413
1	BY DR. THOMPSON:	1	relevance to studying the effects of
2	Q. So that opinion at least is	2	talcum powder or some other potential
3	based on logic, not peer-reviewed medical	3	carcinogen on cell lines other than
4	literature; is that correct?	4	normal tubal primary cell lines, would
5	A. That that	5	you automatically have a criticism of
6	MS. SHARKO: Object to the	6	that particular scientist?
7	form. Misstates the testimony.	7	A. I would have to see the
8	THE WITNESS: That opinion	8	scientist's opinion in detail, but
9	is based on 39 years of experience	9	anybody who anybody with training in
10	in the cancer biology field from	10	modern cancer biology and with an
11	its earliest days. And from the	11	understanding that A-549 cells are lung
12	general understanding of cell	12	epithelial, the adenocarcinoma cells that
	biology, molecular biology, and	13	bear a KRAS mutation, and anyone who knew
13			
13 14		14	•
	cancer biology that I and many	14 15	about the pathogenesis of high grade
14 15	cancer biology that I and many other scientists of my credibility	l	about the pathogenesis of high grade serous ovarian cancer would realize that
14 15 16	cancer biology that I and many other scientists of my credibility and credentials would hold.	15	about the pathogenesis of high grade serous ovarian cancer would realize that that's not a relevant cell system.
14 15 16 17	cancer biology that I and many other scientists of my credibility and credentials would hold. BY DR. THOMPSON:	15 16	about the pathogenesis of high grade serous ovarian cancer would realize that that's not a relevant cell system. I would expect a first year
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	Page 414		Page 416
1	that have the capacity to damage DNA in	1	developed cancer cells.
2	many types of tissues, yes.	2	The question at hand, as I
3	Q. And an example would be	3	understand the question, is does talc
4	asbestos, would it not?	4	contribute to the cause of ovarian
5	A. As I said, I haven't really	5	cancer. Once you have a fully fully
6	exhaustively looked at the literature for	6	transformed lung cancer cell, it's a
7	asbestos and cancer. But the only, you	7	cancer.
8	know, thing that I know for sure is that	8	Q. But we have discussed
9	asbestos causes mesothelioma and is a	9	earlier that at least part of the
10	cocarcinogen with tobacco smoke for lung	10	carcinogenic process includes promotion
11	cancer.	11	and and progression of the cancer,
12	Q. So you are not aware of	12	correct?
13	other organs in which asbestos has been	13	A. This cancer is a fully
14	shown to cause cancer as well?	14	developed, fully formed cancer. It's
15	A. I just said it's a cause of	15	gone way behind the progression and
16	mesothelioma. And it's a cocarcinogen	16	initiation stages. This cancer will kill
17	with tobacco smoke for lung epithelial	17	a mouse if you inject it into a mouse.
18	cancer. And there's some evidence it may	18	It's not it's not a precancerous
19	also cause lung epithelial cancer.	19	lesion. It's not a cancer it's not a
20		20	lesion that it is in the process of
21	Q. And you have the IARC 2012 monograph on asbestos. Can you identify	21	
22		22	carcinogenesis. It's fully blown lung cancer cell line derived probably from a
23	the other types of cancer that IARC	23	
24	concluded were caused by asbestos in addition to mesothelioma?	24	metastatic lung cancer patient who
24	addition to mesomenoma?	24	underwent surgery. So it it's really
	Page 415		Page 417
1	Page 415 A. I	1	
1 2	A. I	1 2	not relevant in my opinion.
			not relevant in my opinion. Q. Okay.
2	A. I MS. SHARKO: Object to the form.	2	not relevant in my opinion. Q. Okay. (Document marked for
2 3 4	A. I MS. SHARKO: Object to the form. THE WITNESS: I said that I	2 3 4	not relevant in my opinion. Q. Okay. (Document marked for identification as Exhibit
2 3	A. I MS. SHARKO: Object to the form. THE WITNESS: I said that I haven't really studied the IARC	2 3	not relevant in my opinion. Q. Okay. (Document marked for identification as Exhibit Neel-33.)
2 3 4 5	A. I MS. SHARKO: Object to the form. THE WITNESS: I said that I haven't really studied the IARC monograph, so I can't comment on	2 3 4 5	not relevant in my opinion. Q. Okay. (Document marked for identification as Exhibit Neel-33.) BY DR. THOMPSON:
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. I MS. SHARKO: Object to the form. THE WITNESS: I said that I haven't really studied the IARC monograph, so I can't comment on that. BY DR. THOMPSON: Q. And would anyone who relies on studies looking at the cell lines that you've been discussing, that you deem irrelevant, would they be wrong for doing so? A. I didn't say that the cell lines were irrelevant. I said the cell lines were irrelevant to the question at hand. These cell lines are highly relevant to understanding lung cancer pathogenesis. But they are not relevant to understanding ovarian cancer	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	not relevant in my opinion. Q. Okay. (Document marked for identification as Exhibit Neel-33.) BY DR. THOMPSON: Q. I'm going to give you another paper by the at least Akhtar is the same. This is Exhibit 33, Akhtar, "Cytotoxicity and apoptosis induction by nanoscale talc particles." Have you seen this paper, Dr. Neel? A. 70 and 71, that must be Q. Oh, that's the A. Let me see if that's the paper that I cited. It's MS. SHARKO: Yes. THE WITNESS: Yeah, I've seen this paper. I refer to it in
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	Page 418		Page 420
1	BY DR. THOMPSON:	1	of this paper are pretty much the same as
2	Q. And are your criticisms of	2	the criticisms I have with the other
3	this paper similar to the other Akhtar	3	Akhtar paper. Irrelevant cell line,
4	paper?	4	uncertain dose. You know, no
5	A. Yes, it yes, again uses a	5	demonstration. We they couldn't
6	single lung cancer cell line which is	6	actually demonstrate carcinogenesis here
7	fully transformed and bears KRAS	7	because they start with a cancer.
8	mutations and, therefore, is not relevant	8	Q. Would you say that all four
9	to nontransformed fallopian tube	9	of these molecular studies relating to
10	epithelium or ovarian surface epithelium.	10	talc are flawed in some way?
11	Nor is it relevant to serous cancer	11	A. I only count two.
12	pathogenesis because serous cancers	12	MS. SHARKO: Object. Object
13	almost never have KRAS mutations, and	13	to the form.
14	when they do have KRAS mutation, they are	14	THE WITNESS: We're only
15	a later stage of development and are not	15	
16	involved in the initial stages of cancer.	16	discussing two. BY DR. THOMPSON:
17	That is well established	17	
18	from modern molecular biology research.	18	Q. Oh, I'm including Buz'Zard and Shukla.
19		19	
20	Q. And this paper was peer reviewed and published, correct?	20	A. Oh yes, they are all
21	-	1	completely flawed from the standpoint of
22	A. I assume so. What journal	21	the question at hand, yes. They are not
	is this? I don't even know what	22	even close to being on point in my
23	journal I assume it was.	23	opinion, professional opinion, based on
24	Q. And the authors at least	24	39 years of research in cancer biology
	Page 419		Page 421
1	concluded that the moutial as that there	_	
_	concluded that the particles that they	1	dating from the from the earliest days
2	concluded that the particles that they used which were commercial indigenous	2	dating from the from the earliest days of the field and staying current in
	used which were commercial indigenous		
2		2	of the field and staying current in
2	used which were commercial indigenous and commercial nano talc particles, right?	2 3	of the field and staying current in modern molecular biology research. DR. THOMPSON: Would this be
2 3 4	used which were commercial indigenous and commercial nano talc particles, right? A. That is what they say, yes.	2 3 4	of the field and staying current in modern molecular biology research.
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	used which were commercial indigenous and commercial nano talc particles, right? A. That is what they say, yes. Q. Okay. And the authors at least conclude that the particles significantly induced cytotoxicity, oxidative stress and apoptosis in human lung epithelial cells? A. Well, first of all, they are not human lung epithelial cells. As I said that's a misstatement. They are human lung cancer cells. So the title is misleading. And that conclusion is misleading. Human lung epithelial cells can would normally be interpreted as, say, normal human lung cancer cells. So these are human lung cancer cells. That would be a more accurate statement.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	of the field and staying current in modern molecular biology research. DR. THOMPSON: Would this be a good time for a break? MS. SHARKO: Again? DR. THOMPSON: How long has it been? MS. O'DELL: A little over an hour. I think it's an appropriate time for a break. THE VIDEOGRAPHER: Remove your microphones. The time is 5:03 p.m. Off the record. (Short break.) THE VIDEOGRAPHER: Okay. We are back on the record. The time is 5:24 p.m. BY DR. THOMPSON: Q. Dr. Neel, we've looked at five molecular studies this afternoon.

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	_ 100		
	Page 422		Page 424
1	five of those studies are flawed?	1	BY DR. THOMPSON:
2	A. They are either flawed or	2	Q. Sure.
3	they are not relevant.	3	A. She distracted me. Sorry.
4	Q. And the the reason for	4	Q. So
5	that criticism seems to be primarily that	5	MS. SHARKO: Sorry, that was
6	there is no established dose and that the	6	not my intention.
7	wrong cell lines are used. Is that a	7	BY DR. THOMPSON:
8	fair statement?	8	Q. So is it your opinion that
9	A. That is	9	any scientist who relied on those studies
10	MS. SHARKO: Object to the	10	to formulate their opinions as to whether
11	form.	11	talcum powder use could cause ovarian
12	THE WITNESS: That statement	12	cancer, would be using poor judgment from
13	refers to some of the papers. But	13	a scientific standpoint?
14	Dr. Saed's paper is flawed on	14	A. Yes. I would have to say
15	multiple levels, most notably his	15	that.
16	claim that talc applied to ovarian	16	Q. And would it be your opinion
17	cells or fallopian tube cells can	17	that any scientist who relied on those
18	produce a stoichiometric shift in	18	studies to answer the question of whether
19	nucleotide sequence for a specific	19	talcum powder use could cause ovarian
20	gene. That is just an incredible	20	cancer, would not have a sufficient
21	assertion.	21	understanding of molecular and cellular
22	So and also his claims	22	biology?
23	that redox balance is disrupted in	23	A. If that's the basis for
24	the cells without any measurement	24	their opinion, then they are not yes,
	the cens without any measurement		then opinion, then they are not yes,
	Page 423		Page 425
1	of redox balance in the cells.	1	that would be my opinion.
2	You can't make that claim without	2	Q. Would would you look at
3	actually measuring redox balance.	3	your CV which is exhibit something not
4	So his paper, the the one	4	very high.
5	that's in that just was	5	A. Yes. I have it.
6	published apparently is flawed	6	Q. Okay. And before we get to
7	conceptually and technically.	7	your CV, was would it be your opinion
8	The other papers are using	8	that any scientist who relies on these
9	questionable doses and irrelevant	9	studies for opinions on the biological
10	cell systems. So they're	10	plausibility of talcum powder use causing
11	different objections to the	11	ovarian cancer to be using poor
12	different studies.	12	scientific judgment?
13	BY DR. THOMPSON:	13	MS. SHARKO: I object to the
14	Q. So is it your opinion that	14	form of the question. Can you
15	any scientist who relies on these studies	15	break it down by study?
16	would be using relying on these	16	MS. O'DELL: No.
17	studies to answer the question of whether	17	THE WITNESS: So if the
18	talcum powder causes ovarian cancer,	18	if the only studies that they used
19	would be using bad scientific judgment?	19	to reach the opinion that talc
20	MS. SHARKO: Object to the	20	caused ovarian cancer were these
21	form of the question.	21	five highly flawed studies, they
22	THE WITNESS: What what	22	would be exercising poor
23	would can you repeat the	23	scientific judgment in my opinion.
24	question?	24	BY DR. THOMPSON:
	4		**

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	Page 426		Page 428
1		_	
1	Q. Even on biological	1	products can cause ovarian cancer?
2	plausibility?	2	A. No. As I've said before, I
3	A. Oh, for sure, yes. I don't	3	haven't studied that issue and I wouldn't
4	think these these papers are credible	4	be able to study that issue in my current
5	assessments of biologic plausibility at	5	position.
6	all in any way.	6	Q. Okay. Have you ever
7	Q. And if the scientists who	7	published in Gynecologic Oncology, to
8	rely on these studies for their opinions	8	your knowledge?
9	regarding the biological plausibility of	9	A. I may have been a co-author
10	talcum powder use causing ovarian cancer	10	on a paper in Gynecologic Oncology. But
11	would also not have a sufficient	11	I have not been a senior author on any
12	understanding of molecular cellular	12	paper in Gynecologic Oncology.
13	biology?	13	Q. Should any study that treats
14	MS. SHARKO: Object to the	14	ovarian cancer as a single entity be used
15	form of the question.	15	with skepticism?
16	THE WITNESS: I I think	16	A. I think today, yes.
17	that it would depend on what	17	Q. Is this because ovarian
18	they might have an understanding	18	cancer is not a single disease?
19	of some aspects of cell and	19	A. Yes.
20	molecular biology. But they would	20	Q. But isn't hormone hormone
21	not have any understanding of	21	responsiveness a common link among all
22	other aspects of cellular and	22	ovarian cancer subtypes?
23	molecular biology. So that's a	23	A. Hormone responsive the
24	very difficult question to answer.	24	endometrioid and clear cell cases are
	Page 427		Page 429
1	If you ask a more specific	1	much more clearer about hormone
2	question, I can help you with an	2	responsiveness. Whether serous cancers
3	answer.	3	are hormone responsive probably it
4	BY DR. THOMPSON:	4	depends on the cancer.
5	Q. But at least the opinions	5	So and whether it's
6	relating to the biological plausibility	6	involved in pathogenesis is also not as
7	for that, to answer that question, their	7	well established.
8	understanding in your opinion would be	8	Q. But at least some scientists
9	inadequate?	9	would argue that hormone responsiveness
10	A. I think that someone who	10	would be one of those factors that could
11	read these papers and thought that they	11	cross all histologic subtypes?
12	provided plausibility for the contention	12	A. Again, I can't comment on
13	that talc causes ovarian cancer would	13	specific on general statements like
14	have poor scientific judgment as to that	14	some scientists. If you give me a
15	question, yes.	15	specific statement that was made by a
16	Q. Let's go ahead and look at	16	specific scientist, I can look at it and
17	your CV now.	17	I can determine whether I agree with it
18	A. Sure.	18	or not or whether I think it's credible.
19	Q. And we'll do the same thing	19	Q. Has it been published that
20	we did before. So using your criteria of	20	hormone responsiveness would be a factor
21	an established dose, an appropriate cell	21	that would cross all subtypes to your
22	line, are there any of your publications	22	knowledge?
23	that you think are relevant to the	23	A. There have been there
24	question as to whether talcum powder	24	there have been reports that hormone

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	Page 430		Page 432
1	replacement therapy may be oncogenic, you	1	Q. Has that been studied?
2	know, procarcinogenic in ovarian cancer.	2	A. I don't know the answer to
3	Q. And that includes all	3	that question, so I would be
4	subtypes?	4	uncomfortable answering it.
5	A. Well, the effects are much	5	Q. Could a reasonable scientist
6	stronger for, as I said clear cell and	6	make that statement?
7	endometrial cancers. And whether it's	7	A. I don't know. I'd have to
8	true for high grade serous is less clear,	8	see the paper. I'm happy to look at the
9	from my from my recollection of the	9	paper and go over the data if there is
10	literature.	10	such a paper.
11	Q. Could a reasonable scientist	11	Q. Could inflammation-induced
12	discuss ovarian breast cancer and	12	proliferation in the tubal epithelium, in
13	endometriosis as a group because they are	13	the epithelial, if that did occur,
14	all hormonally responsive lesions?	14	progress to papillary tubal hyperplasia?
15	MS. SHARKO: Object to the	15	A. What do you mean by
16	form of the question.	16	papillary tubal hyperplasia? Do you mean
17	THE WITNESS: Discuss in	17	STICs?
18	what context? I don't understand	18	
19		19	Q. Let's say STICs. A. I don't know. I'd have
20	the question.	20	
	MS. SHARKO: You can ask		to I'd have to see the study. I'm not
21 22	them to read their handwriting.	21	going to speculate on mechanisms that I
	BY DR. THOMPSON:	22	haven't seen in the in the press in
23	Q. If you were looking at in	23	the scientific press.
24	vitro studies, would it be appropriate to	24	Q. In addition to the Saed
	Page 431		Page 433
1			
	use either serous breast or endometrioid	1	papers that you did not list in the
2	use either serous breast or endometrioid cancer cell lines and extrapolate the	1 2	papers that you did not list in the materials considered or the supplemental
	cancer cell lines and extrapolate the		materials considered or the supplemental
2	cancer cell lines and extrapolate the information from one to the other?	2	materials considered or the supplemental materials, are there any other papers
2 3 4	cancer cell lines and extrapolate the information from one to the other? A. What's the question? Not	2 3 4	materials considered or the supplemental materials, are there any other papers that were that form the basis of your
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_	Page 434		Page 436
1	and ovarian cancer cells, having	1	clarify, were there the papers that
2	to do with the statement that p53	2	you considered informing those opinions
3	is an oncogene, whereas it's a	3	regarding Dr. Saed that you have not
4	paradigmatic tumor suppressor	4	mentioned so far?
5	gene, having to do with statements	5	A. No.
6	regarding SNPs that are not in the	6	Q. Okay. Have you sent any
7	GWAS catalogue of well-recognized	7	comments to Health Canada?
8	ovarian cancer SNPs.	8	A. No.
9	But that had nothing to do	9	
10	with my criticisms of his paper,	10	Q. Do you plan to send any comments to Health Canada?
11		11	
12	which stand independent of any	12	
13	other issues regarding Dr. Saed's	13	appropriate for me to send any comments to Health Canada while I'm involved in
14	qualifications or expertise.	14	
	DR. THOMPSON: Object as		this litigation. I would have to consult
15 16	nonresponsive.	15	Ms. Sharko and Mr. Zellers as to whether
16	BY DR. THOMPSON:	16	I should.
17	Q. Because my question was	17	Q. You'll agree that talc and
18	really only, are there any other papers	18	its potential contribution to ovarian
19	or literature that form the basis?	19	cancer has been an issue for several
20	A. With respect, DR. THOMPSON,	20	decades. Would you agree with that, in
21	the question that you asked me, as I	21	the literature?
22	understand it, and you're welcome to read	22	A. It's certainly been in the
23	it back to me, but I believe your	23	epidemiological literature. In the
24	question was, were there any other papers	24	biology literature, there's actually
	Page 435		Page 437
1	that led to my objection to his, you	1	1 2 1 1 2 1 4 1 1 1 1 1
2	know, paper in Reproductive Biology.		relatively limited studies, which is why
	know, paper in Reproductive Diology.		relatively limited studies, which is why we've been actually able to cover most of
	And the answer to that is	2	we've been actually able to cover most of
3	And the answer to that is	2 3	we've been actually able to cover most of them in this last hour or two.
3 4	And the answer to that is none of those other papers are directly	2 3 4	we've been actually able to cover most of them in this last hour or two. Q. And that would be for talc,
3	And the answer to that is none of those other papers are directly relevant to the paper in Reproductive	2 3	we've been actually able to cover most of them in this last hour or two. Q. And that would be for talc, but certainly there have been studies
3 4 5 6	And the answer to that is none of those other papers are directly relevant to the paper in Reproductive Biology. The errors in the paper of	2 3 4 5 6	we've been actually able to cover most of them in this last hour or two. Q. And that would be for talc, but certainly there have been studies regarding the molecular basis for
3 4 5	And the answer to that is none of those other papers are directly relevant to the paper in Reproductive Biology. The errors in the paper of Reproductive Biology stand on their own	2 3 4 5	we've been actually able to cover most of them in this last hour or two. Q. And that would be for talc, but certainly there have been studies regarding the molecular basis for asbestos and it's carcinogenic potential,
3 4 5 6 7 8	And the answer to that is none of those other papers are directly relevant to the paper in Reproductive Biology. The errors in the paper of Reproductive Biology stand on their own and are clearly determinable by anyone	2 3 4 5 6 7 8	we've been actually able to cover most of them in this last hour or two. Q. And that would be for talc, but certainly there have been studies regarding the molecular basis for asbestos and it's carcinogenic potential, correct?
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ı	Page 438		Page 440
1	in vitro study or an in vivo study to	1	and more physiologically relevant
2	evaluate the causal connection between	2	systems than, for example,
3	talcum powder or the potential causal	3	Dr. Saed did, and certainly the
4	connection between talcum powder and	4	other four papers which were off
5	ovarian cancer?	5	point in my opinion.
6	A. Not in my	6	DR. THOMPSON: I have no
7	MS. SHARKO: Objection.	7	further questions.
8	Asked and answered a zillion	8	MS. SHARKO: Okay. We're
9	times.	9	done. Thank you very much.
10	THE WITNESS: I'll	10	THE WITNESS: Thank you.
11	that's	11	THE VIDEOGRAPHER: Okay.
12	BY DR. THOMPSON:	12	Stand by, please. This marks the
13	Q. This question sorry.	13	end of today's deposition. The
14	This question is outside the context of	14	time is 5:42 p.m.
15	your current situation.	15	(Excused.)
16	Could you do that study?	16	(Deposition concluded at
17	A. Could I do the study? I	17	approximately 5:42 p.m.)
18	would have to really seriously think	18	approximately 5.12 pins)
19	about the problem and then decide whether	19	
20	I could do a good study. There would be	20	
21	several problems, many of which I've	21	
22	already described, having to do with	22	
23	coming to arrive at a reasonable dose. I	23	
24	probably could test a range of doses in a	24	
	1		
	Page 439		Page 441
1	biologically relevant system than, for	1	OCD THE CAST
2	example, any of the five papers that we	2 3	CERTIFICATE
3	discussed extensively in the last two	4	
4	hours did.	5	I HEREBY CERTIFY that the
5	Q. So at least today, sitting	6	witness was duly sworn by me and that the deposition is a true record of the
6	here, you're not sure whether you could	"	testimony given by the witness.
7	do the quality study that would be	7	
8	required or not; is that fair?	8	It was requested before completion of the deposition that the
9	MS. SHARKO: Object to the		witness, BENJAMIN G. NEEL, M.D., Ph.D.,
1.0			have the opportunity to read and sign the
10	form.	9	
10	form. THE WITNESS: I'm saying		deposition transcript.
		9 10 11	
11	THE WITNESS: I'm saying	10	deposition transcript.
11 12	THE WITNESS: I'm saying that it's not clear that enough	10 11 12	deposition transcript. MICHELLE L. GRAY,
11 12 13	THE WITNESS: I'm saying that it's not clear that enough information is available to design a study, not that I couldn't do	10 11	MICHELLE L. GRAY, A Registered Professional
11 12 13 14	THE WITNESS: I'm saying that it's not clear that enough information is available to design	10 11 12	MICHELLE L. GRAY, A Registered Professional Reporter, Certified Shorthand Reporter, Certified Realtime
11 12 13 14 15	THE WITNESS: I'm saying that it's not clear that enough information is available to design a study, not that I couldn't do it. I could certainly do it if a	10 11 12 13	MICHELLE L. GRAY, A Registered Professional Reporter, Certified Shorthand Reporter, Certified Realtime Reporter and Notary Public
11 12 13 14 15	THE WITNESS: I'm saying that it's not clear that enough information is available to design a study, not that I couldn't do it. I could certainly do it if a reasonable if there were clear	10 11 12 13	MICHELLE L. GRAY, A Registered Professional Reporter, Certified Shorthand Reporter, Certified Realtime
11 12 13 14 15 16 17	THE WITNESS: I'm saying that it's not clear that enough information is available to design a study, not that I couldn't do it. I could certainly do it if a reasonable if there were clear information about a dose range of	10 11 12 13 14 15 16 17	MICHELLE L. GRAY, A Registered Professional Reporter, Certified Shorthand Reporter, Certified Realtime Reporter and Notary Public Dated: March 20, 2019
11 12 13 14 15 16 17 18	THE WITNESS: I'm saying that it's not clear that enough information is available to design a study, not that I couldn't do it. I could certainly do it if a reasonable if there were clear information about a dose range of talc that was in if there were	10 11 12 13 14 15 16 17 18	MICHELLE L. GRAY, A Registered Professional Reporter, Certified Shorthand Reporter and Notary Public Dated: March 20, 2019 (The foregoing certification
11 12 13 14 15 16 17 18	THE WITNESS: I'm saying that it's not clear that enough information is available to design a study, not that I couldn't do it. I could certainly do it if a reasonable if there were clear information about a dose range of talc that was in if there were talc in fallopian tube and/or	10 11 12 13 14 15 16 17 18 19	MICHELLE L. GRAY, A Registered Professional Reporter, Certified Shorthand Reporter and Notary Public Dated: March 20, 2019 (The foregoing certification of this transcript does not apply to any
11 12 13 14 15 16 17 18 19 20	THE WITNESS: I'm saying that it's not clear that enough information is available to design a study, not that I couldn't do it. I could certainly do it if a reasonable if there were clear information about a dose range of talc that was in if there were talc in fallopian tube and/or there were talc in ovarian	10 11 12 13 14 15 16 17 18	MICHELLE L. GRAY, A Registered Professional Reporter, Certified Shorthand Reporter and Notary Public Dated: March 20, 2019 (The foregoing certification
11 12 13 14 15 16 17 18 19 20 21	THE WITNESS: I'm saying that it's not clear that enough information is available to design a study, not that I couldn't do it. I could certainly do it if a reasonable if there were clear information about a dose range of talc that was in if there were talc in fallopian tube and/or there were talc in ovarian adnexa in the	10 11 12 13 14 15 16 17 18 19 20	MICHELLE L. GRAY, A Registered Professional Reporter, Certified Shorthand Reporter, Certified Realtime Reporter and Notary Public Dated: March 20, 2019 (The foregoing certification of this transcript does not apply to any reproduction of the same by any means,

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1 INSTRUCTIONS TO WITNESS	1
2	2 ACKNOWLEDGMENT OF DEPONENT
Please read your deposition	3 4 I,, do
 over carefully and make any necessary corrections. You should state the reason 	F 1 1 20 1 71 1.1
6 in the appropriate space on the errata	6 foregoing pages, 1 - 445, and that the
7 sheet for any corrections that are made.	7 same is a correct transcription of the
8 After doing so, please sign	8 answers given by me to the questions 9 therein propounded, except for the
9 the errata sheet and date it.	10 corrections or changes in form or
You are signing same subject to the changes you have noted on the	substance, if any, noted in the attached
12 errata sheet, which will be attached to	12 Errata Sheet.
13 your deposition.	13
14 It is imperative that you	15
return the original errata sheet to the	16 BENJAMIN G. NEEL, M.D., Ph.D. DATE
deposing attorney within thirty (30) days	S 17 18
of receipt of the deposition transcript by you. If you fail to do so, the	19 Subscribed and sworn
deposition transcript may be deemed to b	to before me this
20 accurate and may be used in court.	20 day of, 20
21	21 My commission expires:
22	22
23 24	23 Notary Public
21	24
Page 44	13 Page 445
1	1 LAWYER'S NOTES
ERRATA	2 PAGE LINE
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4 PAGE LINE CHANGE	5 =
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6 REASON:	·
7 8 REASON:	
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